24 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH

	10231	OF STATISTICAL RI	ESEARCH AND RECORDS  CERTIFICATI		STREET, BALTIMOR	RE 1, MARYLAND
1.	PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	a STATE	E (Where deceased lived, if inst b. COUNT y la nd	Wicomico
	b. CITY OR TOWN write RURAL a	(If outside corporate limits nd give nearest town)  DURY	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If C	outside corporate limits, wri	te RURAL and give nearest town)
		Nursing Hon	in hospital, give street address)	d. STREET ADDRESS	RFD	e. IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print)	FILA First	M. Middle	AKER	4. DATE Month OF DEATH	
5.		S. COLOR OF RACE 7. MARI		Dec. 13, 1		FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Days   Hours   Min.
10a dur	. USUAL OCCUPATION	ON (Give kind of work done   1 g life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY Dwn Home		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDI	EN NAME	- Operation
	. WAS DECEASED EV	ER IN U.S. ARMED FORCES? If yes give war or dates of service)		INFORMANT azel Moore	Addres Millsboro.	
	18. CAUSE OF DE	ATH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DU DUE TO	per line for (a), (b) and (c).] Islucture Co	mnyn t	Tile duct	INTERVAL BETWEEN ONSET AND DEATH
NO	gave rise to I cause (a), star underlying cause	mmediate ting the DUE TO last.	MIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISFASE CONDITION GIVEN IN I	PART 1(a) 119, WAS AUTOPSY
CERTIFICATION	Sea	uali sed	CILLUS SCO	Decors		PERFORMED? YES NO NO
MEDICAL	20c. TIME OF IN Hour a.m. p.m.	γ	Od. INJURY OCCURRED 20e. PLA Vhlie Not While facto work at work	CE OF INJURY (Home, fai ry, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
	Saw the dece	ased alive op 7.	tended the deceased from 1967, and that	attending Attending PHYS.	M, from the causes :	and on the date stated above.
238	NAME (Typ	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
24			MORESS		W 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	GISTAN'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers, Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10232 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funera e. COUNTY. b. COUNTY icomico MARYLAND ve carban papers. Pages I event, within 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest town) filled in by Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospita YES NOT 3. NAME OF 4. DATE remove carban First Lost Month Doy Year DECEASED 19 6 (Type or print) DEATH AGE (In years YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH () IF UNDER 1 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours and in any WIDOWED DIVORCED 00 güg 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give Killia b) work non-10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician c during most of working life, even if retired) COUNTRY? STI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remayal, attending phys IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 17. permit. (Yes, ing, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause prior to has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use State Dept. of Health NO X FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg., etc.) Nat While at wark at wark 7 - 9 , 19 67, thoy (1) (we) last 21. I certify that A (this hospital) attended the deceased fram. . 19 6 7, to shauld Z, and that death occurred at 3 p.M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS. director, page shauld be filed 22d, ADDRESS O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) NEPUXENT 2 JURIN 24, FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

A STATE OF THE PARTY OF THE PAR ALC: HOLDE

MARYLAND STATE DEPARTMENT OF HEALTH

10233

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE

funeral formal ter deod		PLACE OF DEATH O. COUNTY Wicomico MARYLAND	2. USUAL RE
the furges I	-	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TO
the attending physician and campletely filled in by the function arise in sit permit. Then please remove proof pages. Pages I mation, ar remayal, and in any event point of the safer.		Salisbury	, , , , , , ,
2 ha 2 ha		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET AL
		Peninsula General Hospital	608 W
	3.	NAME OF First Middle	Lost
38.3		DECEASED (Type or print) Helen J. D	inchhe
physician and camplesely en please remove frooi aval, and in any event	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIE
cian and cam ease remove and in any ev	1	EMALE NEGRO WIDOWED DIVORCED	3/1/1
n ag		D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPL
sician please I, and	12	Domestic none	No.1
phys aval,	13.		14. MOTHER
ing phy Then I	15.	Unkown  was deceased ever in u.s. Armed Forces?   16. Social Security NO.   17.	INFORMANT
attending permit. The lon, ar rema	(Ye	es, no, or unknown) ((If yes give wor or dates of service)	ward E
by the att		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	, waru I
sician. ed by the al-transit al, cremat		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ii )
E 2 5 5 5		H300 DUE TO	
physici signed burial-t burial,		Conditions, if ony, which gove (b)	
		stoting the underlying couse DUE TO	
attending has been se as the h priar to		lost. (c)	
	NO	PART II. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL I
ficate far us	ICAT	20. ACCIDENT WAS HARRED WING TO THE PROPERTY WAS HARRED ACCIDENT	us:
hospital hospital certifica iched fa ppt. af H	1 CERTIFICATION	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter noruje o
O His e	MEDICAL		ACE OF INJURY (
by the the detailer of the det	8	p.m. 19 1 ot work of work	9.1/
d by de		21. I certify that (1) (this has bifal) attended the deceased fram	frey
etained CTOR: 4 shauld vith the		saw the deceased glive an fixed 15 196, and the	at death acc
, - m , >		212	ATTENDING
AL DIR		22c. PHYSICIAN'S	22d. AD
E 2 .0 1		NAME (Type)	
	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY
Page Of Fundamental Shaul		Burial" 7/22/1967 Green Arce	s Cem
VR A15 (4) 20 M 1/66	29	FUNERAL DIRECTOR ADDRESS	nl
20 M 1/66	1	lunger of all month sales	4/11)

OF DEATH	ALTHOUSE, MAKE	102	32
2. USUAL RESIDENCE (Where on STATE Marylan	deceosed lived, if institut b. COU!	ITY	omico
c. CITY OR TOWN (If outside of	orporate limits, write RUF	RAL ond give neore	st town)
Salisb	ury	-	e. IS RESIDENCE
d STREET ADDRESS 608 Westove	r Circle		ON A FARM? YES NO 🖂
lost 4. D		h Do	Year 1967
8. DATE OF BIRTH 3/1/1892	9. AGE (In yours 75 birthdoy) 75.	IF UNDER 1 YEAR Months Doys	IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (County & State	, or foreign country)	12. CITIZEN C	
North Car	olina	L	
14. MOTHER'S MAIDEN NAME			
U:	nknown		
INFORMANT	Addre		
ward Birckhe	ad 608 We		
Ti Hast	River		SET AND DEATH
		10	1
		-	
THE TERMINAL DISEASE CONDITION	0	19	WAS AUTOPSY PERFORMED?
or Habi	erleusco		ES NO
(Enter noture of injury of Part 1	or Port II of item 18.)		
CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
freely 196	no to July !	196/1	hat (I) (we) last
t death accurred at	M, fram souses	and an the da	te stated abave.
D. PHYS. MED.	FOR STAFF	22b. DATE SIG	NED
22d. ADDRESS			
CREMATORY 23	Id. LOCATION (City or To-	wn) (Count	y) (Stote)
Camatary	Salishur	all a	ico Md.
250. REC'D BY RI	1967 25b RE		Esge

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MARYLAND STATE DEPARTMENT OF HEALTH

10234	CERTIFICATE	OF DEATH		10233
o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (When	re deceosed lived, if institution b. COUNT	on: Residence befare admission)  TY Wicomico
b. CITY OR TOWN (If autside corporate limits, Swrite RERAL and give pearest town)	C. LENGTH OF STAY IN 16		e corporate limits, write RUR/ alisbury	AL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g Peninsula General Hos		d. STREET ADDRESS 416 Popl	ar Street	e is residence On a farm? YES NO
folks as Lond.	Middle riettia	Boyko	DATE Month OF DEATH Jul	V 21 1967
Female White WIDOWED	DIVORCED	B. DATE OF BIRTH  June 15,19.		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
during most of working life, even if retired) Machine operator Shi	nd of Business or Dustry Factory	11.BIRTHPLACE (County & St Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Artie Crisp		14. MOTHER'S MAIDEN NAM	Bessie H	Bell
				CONTRACTOR OF THE PROPERTY OF
and the state of t		Mr. Joseph	Boyko Sa	ame as # 2
(Yes, no or unknown) (If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line far PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	4-10-8523			
(Yes, no or unknown) ((If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line far PART I. DEATH WAS CAUSED BY:	4-10-8523 1 (a), (b), and (c))			ame as # 2
(Yes, no or unknown) ((If yes give war or dates of service)) 21  18. CAUSE OF DEATH (Enter only one cause per line far PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave nise to immediate couse (a), stating the underlying couse (b)  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	4-10-8523 1 (a), (b), and (c)) Careenomotose	Mr. Joseph	Boyko Sa	ame as # 2
(Yes, no or unknown) (If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave nise to immediate couse (a), stating the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION	14-10-8523 ] (a), (b), and (c)) Carcinomators  O DEATH BUT NOT RELATED TO  FORTH	Mr. Joseph  THE TERMINAL DISEASE CONDITION (Enter nature of injury in Part	Boyko Sa	ame as # 2  INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
(Yes, no or unknown) (If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave is to immediate couse (a).  Stating the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(a), (b), and (c).)  Carcinomators  O DEATH BUT NOT RELATED TO  FORTHE HOW INJURY OCCURRED.  JURY OCCURRED  Not While  Not While  10.	Mr. Joseph	Boyko Sa	ame as # 2  INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY PERFORMED?
(Yes, no or unknown) (If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gave nise to immediate couse (a), stating the underlying couse (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m.  19  21. I certify that (I) (this haspital) attends any the deceased alive an	(a), (b), and (c).)  Carcinomatoric  O DEATH BUT NOT RELATED TO  GORINE HOW INJURY OCCURRED  DURY OCCURRED  at work  at work  ded the deceased fram	Mr. Joseph  THE TERMINAL DISEASE CONDITI  (Enter nature of injury in Part  CE OF INJURY (Hame, form,	BOYKO SE  ION GIVEN IN PART I(a)  I or Port II of item 18.)  20f. (City or town)	INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)  (County) (Stote)
(Yes, no or unknown) (If yes give war or dates of service) 21  18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave is to immediate cause (b). Stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 21. I certify that (I) (this haspital) attention	(a), (b), and (c).)  Carcinomatoric  O DEATH BUT NOT RELATED TO  GORINE HOW INJURY OCCURRED  DURY OCCURRED  at work  at work  ded the deceased fram	THE TERMINAL DISEASE CONDITION  (Enter nature of injury in Part  CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)  1 death occurred at 7	Boyko Sa  ION GIVEN IN PART 1(a)  1 or Port II of item 18.)  20f. (City or town)  M, fram couses of	INTERVAL BETWEEN ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)

Wicomico ADDRESS

Salisbury, Md.

Wallace

Park Sal

2Sb.

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. bon papers. Pages I and within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpstetery director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon should be filed with the State Dept. of Health prior ta burial, crematian, or remayal, and in any event, with

VR A15 (4) 20 M 1/66

REMOVAL (Specify)

FUNERAL DIRECTOR

# FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page any delay is

10235

Department of 80 he Stote 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

This certificate should be executed within 24 haurs ofter death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10234

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary L	here deceosed lived, if institution: b. COUNTY	Residence before odmission) Somerset
	TH OF STAY IN 16	1	side corporate limits, write RURAL a	
write RURAL and give nearest town) Salisbury		Manok		7.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
Peninsula General Hospi		Box 5		ON A FARM? YES NO
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) EMLYN JA	MES	BRITTON	OF TEATH 7-15	5-67
	VER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS
Male White WIDOWED	DIVORCED	5-18-47	lost birthdoy) Mo	anns boys nouts min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	SINESS OR	11. BIRTHPLACE (Store of Washingto		12. CITIZEN OF WHAT COUNTRY? S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	1.00	
James E. Britton		Ellen Fren	nch Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)		James E. Brit	ton Manokin,	Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  Conditions if any, which gave is to immediate cause (0). Storing the underlying cause lost.  (c)	of liver			ONSET AND DEATH ADOUTS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. EXTERNAL CAUSE WAS PRIMARY Xar CONTRIBUTING D  CAUSE OF DEATH.  20b DESCRIBE HO  Driver	BUT NOT RELATED TO	THE TERMINAL DISEASE CONG	DITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING	W INJURY OCCURRED.	(Enter nature of injury in P	ort I or Port II of item 18.)	
CAUSE OF DEATH. Driver	of auto th	nat failed to	o make a curve a	and overturned.
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCC	URRED 2 20e. PLA	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
9:30 Hour 7-11-67 While of work of	While Ro	oute 313, nor	rth of Mardela,	Wicomico, Md.
21. I certify that I took charge of the remains de	scribed obove, h	eld an Autopsy 🔲,	Inspection 4 Inquiry	X, and in my opinion
deoth resulted from: Notural couses, Acc	ident X, Sui	cide , Homicide	Undetermined monn	er 🗌
1 0. 0		CHIEF MEDICAL E	EXAMINER	
SIGNATURE COL		M.D. ASSISTANT MEDI	EAL EXAMINER	22. DATE SIGNED
EXAMINER'S Earl L. Royer A.B. NAME (Type) 409 Camden Ave., Salis	bury, Md.	DEPUTY MEDICAL Address (Street,	city, Town, or county)	Ly 17, 1907
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. No.	AME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
BUTTATIV) 7/17/1967 MA:	NOKIN CE	METERY	PRINCESS AN	WE, MD.
2.11 10112.01	ADDRESS	2Sa, RECD	NY REGISTRAD PELEGISTI	PAR'S SIGNATURE
Wilson Funeral Home, Princess	Anne, Md.	· PAL A	0 1301	10

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VR A15ME (5) 6M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10236

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	TOPOO		CERTIFICATI	OF DEATH			- 3	14 3	
1	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (V	Vhere deceas	ed lived, if institutio	n: Residence	befare admissio	n)
	d. County Wicemice		MARYLAND	o. STATE	rylan	b COUNT	Wic	cemice	
	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)		C LENGTH OF STAY IN 16	c CITY OR TOWN (If au					
	Saliebury		46 Bays	De De	lmar			. ,	
Г	d NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, gi	ve street address)	d STREET ADDRESS				e IS RESID	ENCE RM2
	Deerle Head S	tate	Weseital	-	-			YES 🔣	
3	NAME OF First		Middle	Last	4 DATE OF	Month		Day Yea	r
	(Type or print) Jehm			Calleway	DEATH	July		15 19 (	~ 1
5		ARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9	AGE ( n years last birthday)	Manths D	EAR IF LNDER	24 HRS Min
	130/20	DOWED [	DIVORCED	10/18/05		61 yrs	1 10 21717		
du	a. USUAL OCCOPATION (Give kind of work dane ring mast of working life, even if retired)	IND	ID OF BUS NESS OR DUSTRY	11 BIRTHPLACE (County)	& State, ar for	eigh cauntry)		EN OF WHAT ITRY?	
-	Seampresser FATHERS NAME	Par	ts Factory	Delawar				USA	
1.5				14. MOTHER'S MAIDEN I					
19	J. Ernest Callawa WAS DECEASED EVER IN U.S. ARMED FORCES?		OCIAL SECURITY NO 17	Ella M.	Jose	Address			
	es, na, ar unknown) (If yes give war ar dates af servi	coll	48100129		4.7 7		>		
F	11 O   18. CAUSE OF DEATH (Enter only one cause per			10 391	LESLE IL	ecerds		INTERVAL BETY	AVEEN
	PART I. DEATH WAS CAUSED BY:		menary Embelu					ONSET AND D	
	IMMEDIATE CAUSE (o)	_ 1 11 1	THE PARTY OF THE P	LO.			<del>- +</del>	2.5111	1.9
	Canditions, if any, which gave ) (b)								
	rise to immediate cause (a),								
	last (c)	Art	eriescleretic	Cardio-Yaso	ular	Disease		Tear	5
-	PART IL OTHER SIGNIFICANT CONDITIONS CONTRI	BLTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION G VE	N IN PART I(o)		19 WAS ALTO PERFORME	PSY
CERTIFICATION									NO .
MER	20a ACCEDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in 1	Part I ar Part	1 of item 18)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF NURY Manth, Day, Year Haur a m.	20d INJ While		ACE OF INJURY (Hame, form trary, street, affice bldg., etc.)		(City ar tawn)	(Caunt	(4)	Stote)
2	p.m. 19	at wark	at work						
	21 I certify that (I) (this haspita)		ed the deceased fram_	5/31/67 . 1	9	7/15/67	. 19	., that (I) (v	ve) last
	و محسنات النار التكافئات النابات التكافئات الت	5/67	19, and the	at death accurred at					obave
	22o. SIGNATURE	. 0	0.0.		MED /F	M. STAFF	22b DATE		0/0
	22c. PHYSICIAN'S	n l	methy M	D PHYS LAND 22d ADDRESS	DIRECTOR	PHYS.	ี ปนไ	y 16, 1	707
	NAME (Type) L. Me let	re, h	(.).	Beer! sHe	adStat	eHesmita)	L.Bex2	018 . Sal	isbu-
23	O BUR AL CREMATION. 23b DATE THEREOF		23c NAME OF CEMETERY OR			CATION (City or Tow			ate) Tý
	Burial 7/18/67		Laurel Hil			· ·	D. 3	, ,	, -, -,
2	4 ENNERAL DIRECTOR		ADDRESS	25o. REC D	BY REG STR	Laurel	ISTER S SIGN	Les Judy	48.
-	Tist A let Menana	La	aurel. Del.	DATE	111 2 (	1967 8	Mary	Cay Judy	SAU!

TO MISSITAL OF ATTEMPTIC PRYSICIAN: The law requires that the death certificate 📠 executed within 24 🏗 urs after death orely filled in by the funeral-orbon popers. Pages I and or within 72 hours after dean 10 FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely director, page 3 should be detoched for use as the buriol-transit permit. Then please remave arbot should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event way. Page 4 may Le retained by the hospital or ettending physician

VR A15 (4) 25M 1/67

MINER: This certificate should be executed within 24 havis after deoth. If any defay sary, please execting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral display toge 4 should be edical Examiner's Office along with form PM3. Page 5 may be retained for your files.  Second Examiner's Office along with form PM3. Page 5 may be retained for your files.		_	7	
is certiticate whould like executed within 24 haurs after death. If any delay sad "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disminer's Office along with form PM3. Page 5 may be retained for your files. Id be used as a burial-transit permit. File pages 1 and 2 with the majstrar prior to but			,8,	Sales Sales
is certiticate whould like executed within 24 haurs after death. If any delay sad "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disminer's Office along with form PM3. Page 5 may be retained for your files. Id be used as a burial-transit permit. File pages 1 and 2 with the majstrar prior to but	please exer	showld be	FA.	cremations
ins certificate thould be executed within 24 havis after death. If any d''pending'' in pencil in Item 18. Give Pages 1, 2, and 3 to the funiminer's Office along with form PM3. Page 5 may be retained far yold be used as a burial-transit permit. File pages 1 and 2 with the man	SQTY,	Page 4	Ī	r ta burial,
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his certificate Whould 1 "pending" in penc miner's Office along 1d be used as a buric	xecolind with	Item 18. Giv	form PM3.	nsit permit. F
d "pend miner": Id be u	should se e	_C	e along with	a buriol-tro
	s certificote	ending	niner's Offic	be used as
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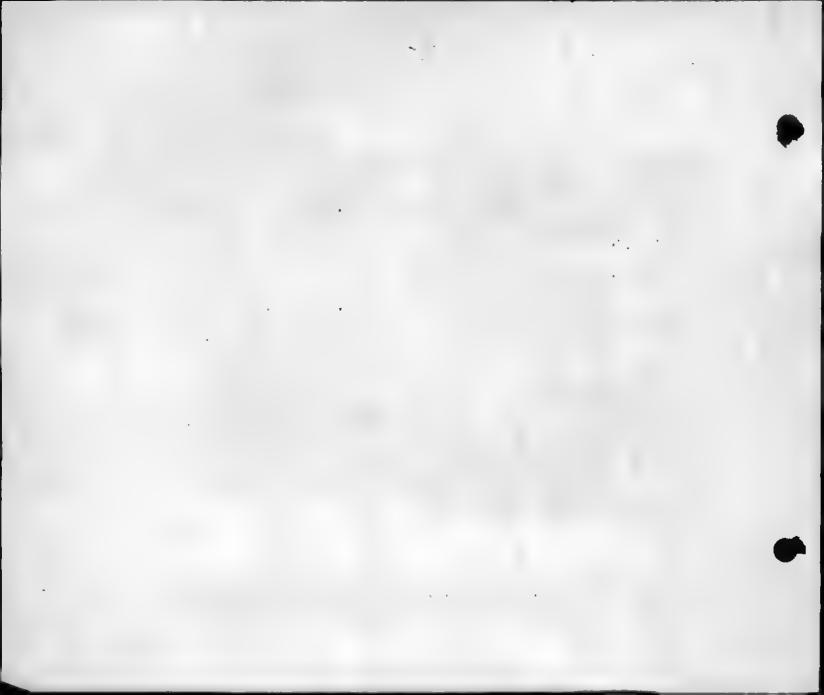
cute the certifi.
farwarded to the ref N
TO FUNERAL DIRECTOR: P.
ar removol.

VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMI

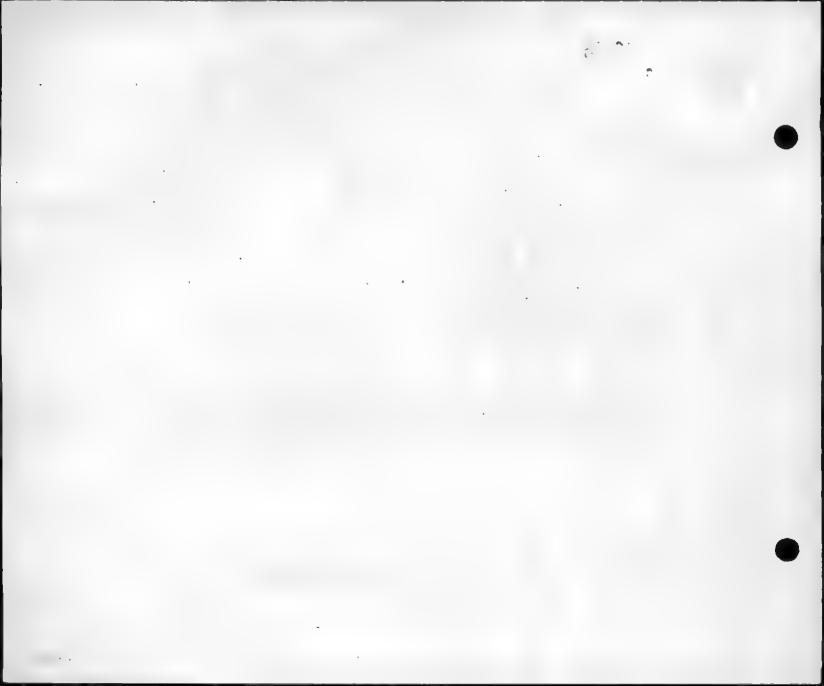
		m		1 3 A A A
NER'S	<b>CERTIFICATE</b>	OF DEATH		AL BIU
			Reg. Dist. No	).

1. PLACE OF DEATH a. COUNTY WI.COM	ico	MARYLAN	O. STATE N STOP	Where deceased lived. If Ins. and b. cou	titution: Residence befor NTYWICOMICO	e odmission)
b. CITY OR TOWN (It outside ond give negated ferral) Sallisb	e corporate limits, write RURAL	c. LENGTH OF STAY IN	c. CITY OF TOWN	lf autside corporate limits, wr	ile RURAL and give neo	rest fown)
d. NAME OF POSPIELS	ala General	hospital give street address)	d. STREET ADDRESS 219 M	orris Drive		ON A FARM?
3. NAME OF DECEASED (Type or print)	ERBERT First A.	EREDITH Middle CHA	NDLER Lost	4 DATE MOODE TO TO THE TOTAL TO THE TOTAL	onth Day	Year 19 67
5. SEX 6.	147	RRIED MEVER MARRIED TO	Jan. 17, 19	9. AGE (In years last berthday) 52 yr	Months Days I	UNDER 24 HRS.
10a. USUAL OCCUPATION (C during most of working life FOOD Mgr.	e, even it retired)	Restaurant	USTRY 11. BIRTHPLACE (Shell		12. CITIZEN OF V	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Oscar M. C.	handler		Hattie	W. Nock		
15. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFORMANT	Addr		
Yes W		215 12 6707	Mrs. Mabel	J. Chandler,		
	Enter only one cause per li	43	. 41	0	INTERVA ONSET	L BETWEEN AND DEATH
PART I. DEATH W	EDIATE CAUSE (6)	Carmar	1 Term	Cors		
	DUE TO	·				
Conditions, if any,						
gove rise to immediate (0), stating the under						
cause last.	(c)					
PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION C	GIVEN IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
CAT						S NO
PART II. OTHER SI	VAS UTING (1) 206. DESCI	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	ort I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	W	d. INJURY OCCURRED 200. File Not white work 200.	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town)	(Caunty)	(State)
21. I certify that I	took charge of the	e remains described a	bove, held an Autap	sy 🔲, Inspection 🔊	d. Inquiry X	and find that
death resulted from	m: Natural causes	Accident . S	ovicide [], Homicid	PRODUCTION .		
12	(					
ACTUAL SIGNATURE	RACK	role /	M D CHIEF MEDICAL I	XAMINER []	C	ATE SIGNED
		/ .	- 1000-1	CAL EXAMINER	2	-3-67
EXAMINER'S P'11 NAME (Type)	illip A. Ins	ley, M.D.	DEPUTY MEDICAL	EXAMINER T	/-	-3.01
	26. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	n, or county)	(State)
Burial	7/3/1967	Evergreen C	emetery	Berlin	Ma	arvland
23. FUNERAL DIRECTOR'S SIG	NATURE WILL	1 Salist	LELLY ME DATE	19 BY REGISTRAR 19 64 RE	GISTANDS SIGNATURE	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1725			10233	CERTIFICATE	OF DEATH		5. 0.00
death death			LACE OF DEATH COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (When	e deceosed lived, if institution, R	esidence before odmission)
rs after the Pages presofte		I	CITY OR TOWN (If outside corporate l'mits, write RURAL and ave nearest town)	c. LENGTH OF STAY IN 16	/ 2	e corparate limits, write RURAL an	nd give nearest tawn)
4 hau by bers.			. NAME OF HOSPITAL OR INSTITUTION (If not in haspi		d STREET ADDRESS	= D	e IS RESIDENCE ON A FARM?
within 24		3	Peninsula General I	HOSPITAL Middle	lost 4	DATE Month	Day Year
	À		SAMUEL	CORD Ch	PANAN DATE OF BIRTH	OF DEATH Vulu 1	9 1967 NOER I YEAR   IF UNDER 24 HRS
and complet remave car		1	nale white who		DEC. 31- 18	67 99 yrs	nths Days Hours Min
ician a lease 1 and in		duri	no most of working 13 even if retired)  AT 301 LDER  FATHER'S NAME	(KETIRED	1 .	TOWN VA	12 CIT ZEN OF WHAT COUNTRY?
th certific ling phys Then premayal,			SIMUEL - (	CHAPMAN	JANE	PATTON	
attendin permit. an, ar re			WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes give war ar dotes at service)	16 SOCIAL SECURITY NO. 17. H	NFORMANT	Collins	BIJRLIN MI
that the on. by the c ronsit p			18 CAUSE OF DEATH (Enter only one couse per lin PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (a), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH
uires the hysician production bringfilte fringfilte fri			Conditions, if any, which gave (b)	janjuares tome	L.		
ding place signature of the but the but to b			rise to immediate couse (a), stating the underlying cause (c)	Ithen were !	Xem	}	1w.L
The Ic r atten e has b use as	100	NOIL	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
SICIAN: spital o ertificati ed for L. of Hec		L CERTIFICATION	206. ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	Lor Part II of item 18)	
IG PHY the hor r this of detach		MEDICAL	Hour o.m.		CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
NDIN ed by .: Afte fd be ne Ste			21. I certify that (I) (this hospital) a	ttended the deceosed fram	, 19_	M, fram causes ond	, 19, that (I) (we) to
ATTE			saw the deceased alive an			2	2b DATE SIGNED
OR report			2) 33	M.E	11112	ECTOR PHYS	
O HOSPITAL Poge 4 may O FUNERAL director, pag shauld be fil			22c. PHYSICIAN'S NAME (Type)	مرد ۲۰۰	22d. ADDRESS	Be - deray	) h
Page 4 r D FUNER director,	,	230	BUR AL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) Accs //
VR A15 (4)	1	24	FUNERAL DIRECTOR  BUNDAL  FUNERAL DIRECTOR  BUNDAL  FUNERAL DIRECTOR	Berladoress my	250 REC D BY	REGISTRAR 25b. REG STR	AR'S SIGNATURE
20 M 1/66			1		UAIL		1



19930

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be retained by the hospital or ethnique physician.

TO FUNERAL D.XECTOR. After this certificate as been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 📉

15M 7 62

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND G228 CERTIFICATE OF DEATH

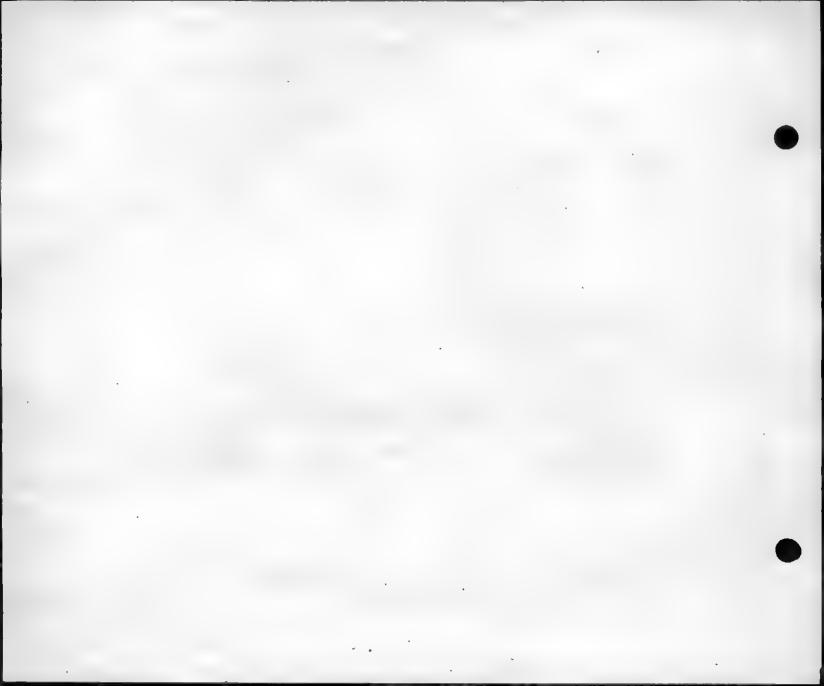
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MARYLAND  b. CITY OF IOWN (if outside corporate limits, write RURAL and give nearest lown)  c. LENGTH OF STAY in 1b write RURAL and give nearest lown)  c. LENGTH OF STAY in 1b write RURAL and give nearest lown)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street eddress)  Peninsula General Hospital  3. NAME OF (Type or print)  MARY  CATHERINE  CHATHAM  DEATH  Month OF TON  MARY  CATHERINE  CHATHAM  DEATH  JUly  18  19  AGE (in years)  Housewill FUNDER I YEAR  Worth Days  Year  TON  SUBJUAL OCCUPATION (Give kind of work down aduring more) of working life, even if relited)  JON OR HAMPY  JON OR BUSINESS OR INDUSTRY 11  BIRTHPLACE (County & State, or foreign country)  Delmar, Delaware  14. MOTHER'S MAIDEN NAME  JONATHAM  JONATH OR SEWIT E  13. FATHER'S NAME  JONATHAM  J	1. PLACE OF DEATH  a. COUNTY	USUAL RESIDENCE (Where deceased I ved, if institution; Residence before admission a. STATE     b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give near-ast lown)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street eddress)  Peninsula General Hospital  3. NAME OF First  MARY  CATHERINE  CHATHAM  PATE  ON A FAI  YES  NON  SEX  6 COLOR OR RACE  White  Widowed Mrite  Delmar, Delaware  14. MOTHER'S MAIDEN NAME  JONATHER'S NAME  JONATH Einter only one cause per line for (a), (b), and (c)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 (a) 19, WAS AUTON  PERFORME  YES  NO  DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Peril or Part II of Idem 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH	Wicomico Maryland	
Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street eddress)  Peninsula General Hospital  3. NAME OF  (Type or print)  MARY  CATHERINE  CHATHAM  DEATH  JUly  18  19. AGE (in years)  Month  Day  March  12. 1876  10a. SUSUAL OCCUPATION (Give kind of work  does during most of working hite, even if refired)  HOUSEWITE  13. FATHER'S NAME  JONATHON (Give kind of work  13. FATHER'S NAME  JONATHON (Give kind of work  14. MOTHER'S MAIDEN NAME  JONATHON (Give kind of work  15. SEX  A COLOR OR RACE  MIDOWED DIVORCED  INDOMED MARCH  DIVORCED  March  12. 1876  13. FATHER'S NAME  JONATHON (Give kind of work  Address  14. MOTHER'S MAIDEN NAME  JONATHON (Hystoplewear or debes of service)  214-48-6539J1  319 Naylor  Salisbury  Month  Day  Yes  Month  Day  Month  Da	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	
Peninsula General Hospital  3.18 Naylor Street  An AFA  TES  Month  And Mary CATHERINE CHATHAM DEATH July 18 1967  5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED SEX 1876  Female White Widows Divorced March 12, 1876  10a. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired) One during most of working tife, even if retired Housewife Delmar, Delaware  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT TO BE GOT DEATH [enter only one cause per line tor (a), (b), and (c))  18. CAUSE OF DEATH [enter only one cause per line tor (a), (b), and (c))  PART IL DEATH WAS CAUSED BY. (b)  AND DETO Conditions, H eny, which gave its to immediate cause (a), staing the underlying cause test. (c)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED (c), staing the underlying cause test. (c)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED (c). ACCIDENT WAS UNDERLY NG (c). DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING (C) CAUSE OF DEATH (c) DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  OR CONTRIBUTION (C) CAUSE OF DEATH (c) DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)	0 11 1	Salisbury
Peninsula General Hospital  3. Name of first Middle  CATHERINE CHATHAM DEATH July 18  5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH  Go. USUAL OCCUPATION (Give kind of work doine during most of working file, even if refired)  Housewife  13. FATHER'S NAME  JONATHAN DEATH JULY 18  14. MOTHER'S MAIDEN NAME  JONATHAN DEATH JULY 18  15. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) The first only one cause per line for (a), (b), and (c)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER'S THE COLOR OF DEATH  PART II. OTHER'S THE COLOR OF DEATH  PART II. OTHER	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	
Trype or print)  MARY  CATHERINE  CHATHAM  DEATH  July  18  1967  5. SEX  6 COLOR OR RACE  White  Widowed K  DIVORCED  March  12, 1876  108. USUAL OCCUPATION (Give kind of work doins during most of working file, even if refired)  HOUSEWITE  108. USUAL OCCUPATION (Give kind of work doins during most of working file, even if refired)  HOUSEWITE  108. WAS DECEASED EVER IN U.S. ARMED FORCES  16. SOCIAL SECURITY NO  Mary E. Gordy  17. MOTHER'S MAIDEN NAME  JONathan Beach  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMED.  19. AGE (in years)  If UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 2 HAVE MODERN A Months  Days Housewing file, even if refired Part II of Item 18.1  19. AGE (in years)  If UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 2 HAVE MODERN A MODERN A MODERN A MODERN AND INTERVAL BETWEEN ONSET AND DEATH  ON THE STAND DEATH  ON CONTRIBUTING (a), shifting the underlying cause lest.  Conditions, if eny, which (b).  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMED.  YES NO  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMED.  YES NO  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMED.  YES NO  PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING COURED. (Enter nature of injury in Pert I or Part II of item 18.)  ON CONTRIBUTING (CAUSE OF DEATH)		318 Naylor Street
(1) MARY CATHERINE CHATHAM DEATH July 18 1967  5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) If UNDER 1 YEAR 1 F UNDER 24 H Hours Min years and the substitution of the s		OF.
Female White widowed by Divorced March 12, 1876  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of life in l		CHATHAM DEATH July 18 1967
Female White widowed by Divorced March 12, 1876  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done during most of working life, even if retired)  To a. USUAL OCCUPATION (Give kind of work done in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of what COUN done is life in the life of life in l	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Delmar, Delaware  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  17. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  17. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  19. WAS AUTOM  10. Conditions, if any, which gave rise to immediate cause (a), stating the underlying of cause fest.  20. Conditions, if any, which gave rise to immediate cause (a), stating the underlying of cause fest.  20. DETO  20. ACCIDENT WAS UNDERLYNG L  20. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)  20. OR CONTRIBUTING CAUSE OF DEATH		arch 12, 1876 91 yrs. Months Days Hours Min.
Delmar, Delaware  13. FATHER'S NAME  JONATHAN BEACH  14. MOTHER'S MAIDEN NAME  JONATHAN BEACH  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  (17. INFORMANT  (18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO DULLE WELL TO DULLE WELL TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOF PERFORMED  (a), stating the underlying cause fest.  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOF PERFORMED  206. ACCIDENT WAS UNDERLYING L. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert Lor Part II of item 18.)	10a. USUAL OCCUPATION (Give kind of work done during most of working life away if refreed)	Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
Jonathan Beach    Mary E. Gordy   Shores   Daughter	Housewife	Delmar. Delaware USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO 17 INFORMANT  (16. NO 214-48-6539J1 319 Naylor St., Salisbury, Maryland  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Phenomena To all the following the underlying of cause feet.  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying of cause feet.  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED OR CONTRIBUTING CAUSE OF DEATH.  206. ACCIDENT WAS UNDERLY NG L. 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.)	13. FATHER'S NAME	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [e] Therefore the conservation of the cause per line for (a), (b), and (c)]  Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause test.  PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO  OR CONTRIBUTING CAUSE OF DEATH.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 TI	NFORMANT Address
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	OR CONTRIBUTING CAUSE OF DEATH  O (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IV O	Ty C	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Heur a.m. While Not While factory, street, office bldg., etc.)	to the	
41/1/2	p.m. 19  st work   et work	27/8/6
		// ADD •
saw the deceased alive on July 19, and that death occurred at 9 PM, from the causes and on the date stated about		
ATTENDING MED. STAFF	22e. SIGNATURE	
THE PHYSICIAN'S DIRECTOR DIREC		
NAME (Type)	NAME (Type)	
REMOVAL (Specify)	REMOVAL (Specify)	
Burial July 21,1967 Parsons Cemetery Salisbury, Maryland		
HOLLOWAY & COMPANY, SALISBURY, MARYLAND		1111 11 1 15 15 15 15 15 15 15 15 15 15

DATE



MARYLAND STATE DEPARTMENT OF HEALTH



PARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

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10242

CERTIFICATE OF DEATH

	ACE OF DEATH					2 USUAL RESIDENCE	(Where deceo:			e before admission)
	COUNTY			MARY	diah.P	a. STATE NEDI	Inni	b. co	UNITY 1	La-na ·
	Wicomico		1	LENGTH OF STAY II		(1)15	1/7/01		131111	MICKE
D		f autside corporate limits, give nearest town)	1	C LENGIH UF SIAT II	N D	C CITY OR TOWN (IF	outside carpara	te limits, write t	KUKAL OND GIVE	nearest tawn)
	Salish					13/11	iMON	4		
d	NAME OF HOSP TA	L OR INSTITUTION ( I not	ın haspita, give	street oddress)		d STREET ADDRESS			10	e IS RES DENCE
		ad State Ho				805 n	Free	non	1 av	ON A FARM?  YES NO  NO
	AME OF	First		Middle		Lost	4 DATE	Mo	onth	Doy Year
DI	ECEASED ype ar pnnt)	Carrie		B	a	4.3	OF DEATH	-		19/-
S SE			7. MARRIED	NEVER MARRIED		TATE OF BIRTH		AGE (In years	I IF UNDER 1	YEAR OF UNDER 24 HRS
_	male	Negro	WIDOWED -			-11-188#	ĺ	last birthday)		Doys Haurs Min
-		(Give kind of work done		OF BUSINESS OR			. 9 54-4 6-	- LANGE	1 12 67	ZEN OF WHAT
		ite, even if retired)	NDU:			11 BIRTHPLACE (Count		reign country)		JNTRY?
	9 . 3	-,,		nestic		HCCOI	MAC	UA,		U.S.A
3. F	FATHER'S NAME					14 MOTHER'S MAIDEN		-		
	Ahel	Wise				GARO	line	Bro	WN	
		R NUS ARMED FORCES?		TAL SECURITY NO	17 1	NFORMANT "		Ad	dress	
(¥es,	no, or unknown)	(If yes give war ar dates at s	service) 1	-10-363	1 -7	red Wise	1 7:	24 Dal.		11/ 50/10
_					1	week where	1 2	30 DELA	WARC. A	
- 1	IB. CAUSE OF DE	ATH (Enter anly one cause	per line for (a)	), (b), and (c).)						INTERVAL BETWEEN
	PAKI I DEAT	H WAS CAUSED BY- IMMEDIATE CAUSE (o	Val.	note of	smal	l intestin				ONSET AND DEATH
		THE TO	A CHEW	(FI 100						
-1	Conditions, if any,	which ones >		_						
	rise to immediate	(0) 02400		oscleroti	ic_he	art diseas	e. W/20	rtic_st	enosis.	Years
	stating the under		0							
1	ost.	2) (0	:)							
-	PART II OTHER SIG	GNIFICANT CONDITIONS COM	ATPIRITING TO	DEATH RUT NOT RELA	ATED TO I	HE TERMINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)		19 WAS AUTOPSY
5	TAKE IT OTHER SIT	JIII ICANI CONDI GIO COP	TRIDUTINO TO	DEALS BOL HOLKED	AILD IO I	OL SEKSMINAL DISCASE C	OND TON ON	it in take i(o)		PERFORMED?
5 L										YES 10 NO
	20a ACCIDENT WAS		20b DESCR	TIBE HOW INJURY OF	CURRED (	Enter nature of injury	n Part I or Par	t II of item 1B)		
5 !		CAUSE OF DEATH								
يا د		MEDICAL EXAMINER)	201 1000	RY OCCURRED	00- 0146	T OF HUMBIN TO T	rm. 1 20f	46.4		-4.1
	ZUC TIME OF INJU	RY Month, Day, Year	While -	Not While		E Of INJURY (Home, for		(City ar lown)	(Cou	nty) (Stote)
	D.11	10	at work E	at work	TOLIC	17, 311ec1, 0111ce bigg., c1	4			
-		y that (I) (this haspi			fram		19, t	0		, that (I) (we) las
- 1	sow the de	ceased alive on		19, o	and that	death accurred a	itN	l, fram cause	s and an th	e date stated above
			7				• • • • • • • • • • • • • • • • • • • •			TE SIGNED
-			0 11							10 5101105
-	22a SIGNATURE	W. W	alde	42	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		
-		W. le	aldi	4)	M.D					
-	22a SIGNATURE	W.ll	aldi	u)	M.D	PHYS				
	22a SIGNATURE 22t PHYSICIAN'S NAME (Type)	W.ll	aldi	4)		PHYS 22d ADDRESS	DIRECTOR	PHYS		
	22a SIGNATURE  22c PHYSICIAN'S NAME (Type)  BURIAL, CREMATIC		al de	231 NAME OF CEME		PHYS 22d ADDRESS	DIRECTOR		Tawn)	(County) (State)
	22a SIGNATURE  22c. PHYSICIAN'S NAME (Type)  BURIAL, CREMATIC REMOVAL (Specify)		aldi	230 NAME OF CEME		PHYS 22d ADDRESS	DIRECTOR	PHYS	1	- //
23a	22a SIGNATURE  22c PHYSICIAN'S NAME (Type)  BURIAL, CREMATIC	17-5	aldi	230 NAME OF CEME  GEORGE  ADDRESS		PHYS 22d ADDRESS	DIRECTOR 23d IC	CAT ON (City or	rc, a	(County) (State)
23a	22c PHYSICIAN'S NAME (Type) BURIAL, (REMATIC REMOVAL (Specify	17-5	aldi -67 rocy Rd	230 NAME OF CEME  GEORGE  ADDRESS		PHYS 22d ADDRESS	DIRECTOR	CAT ON (City or	1	

to nosmal ar attendent presents the law requires that the death certificate be executed within 24 hours after Beath.

Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages for a should be filed with the State Dept of Health prior to burial, cremation, or removal, and in only every within 72 haurs after began VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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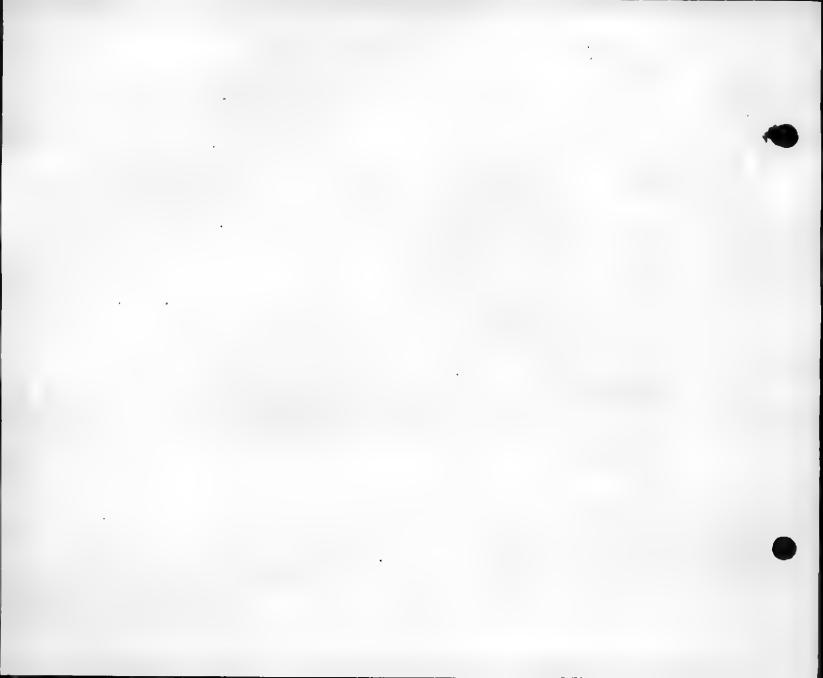
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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24\* Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physición and co director, page 3 shauld be detached for use as the buriol-transit permit. Then please rema should be filed with the State Dept. of Health prior to buriol, cremation, ar remaval, and sa page.

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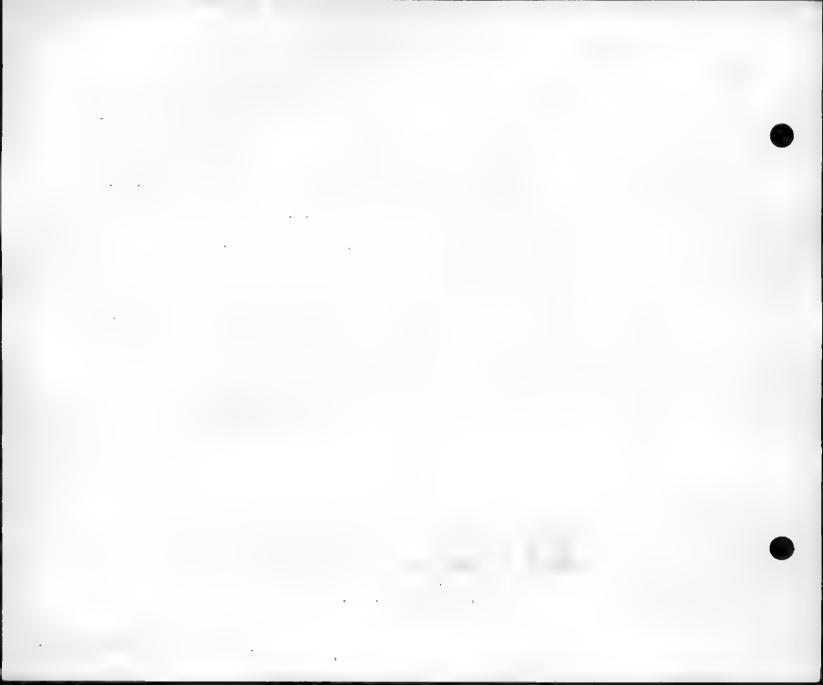
		10243 CERTIFICATE O	F DEATH	102/2
		a. COUNTY MARYLAND MARYLAND	USUAL RESIDENCE (Where deceased I ved, finstitution a. STATE b. COUNTY	rester
		write RURAL and give nearest tawn)	CITY OR TOWN (If outside corporate limits, write RURAL of SINO 11) Hill	ond give neorest fown)
		F. mineula (repul despital /	Rtx 1 Box 296-A	YES S NO
	(	NAME OF DECEASED (I'ype or print)  SEX    6 COLOR OR RACE   7, MARRIED   NEVER MARRIED   8 DA	Lost 4. DATE Month OF DEATH JULY ATE OF BIRTH 9 AGE (In years 1)	4 19 67 UNDER I YEAR 14 UNDER 24 HRS
	/	MALE NEGRO WIDOWED DIVORCED 8-		anths Days Hours Min
	duri	uring most of warking life, even if retired)  INDUSTRY  LABORCE	SNOWH,'// MOTHER'S MAIDEN NAME	COUNTRY?
		S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOR	Lottie Bowen	
		Yes, no, or Jinknown) (If yes give wor or dates of service)  Has  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	el Dale Single	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0)  DUE TO  PART 1. DEATH WAS CAUSED BY- DUE TO	molage	ONSET AND DEATH
		Conditions, if any, which gave nse to immediate couse (o).  Storing the underlying cause (c)  (c)	ifension & Arterio nephrosi	claren
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	(II LITTLE, NOTE I MILDICAL CAMPINER)	r nature of injury in Part I ar Part II of item 18.)	
	MEDICAL	p.m. 17 of work L of work L l	INJURY (Hame, form, treet, affice bldg., etc.)	(Caunty) (State)
		21. I certify that (I) (this hospital) attended the deceased fram 6 saw the deceased alive an 1967, and that dec	ath accurred at 10 4.00, from causes and	7 19 6 7 that (1) (we) last an the date stated abave.  22b. DATE SIGNED
		1 1 mila	ATTENDING MED. STAFF PHYS. 22d. ADDRESS	7-6-67
		NAME (Type)	Medical Genta	Saleby Mid
		39. BURIAL, CREMATION, REMOVAL (Specify) 7-8-67 Mt. Westley	SNOW HILL	County) (Stote)
)	24	24. FUNERAL-DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR STATE		一世に発生	*	MED	ICAL EXAMIN	AFK.2 C	EKHIFICATE U	F DEATH			
ALTIN MEPT.		PLACE OF DEATH					2 USUAL RESIDENCE (W	There deceased lived	if institution	Residence befo	are adm ssion)
		COUNTY	Wicomico		à# A D	Y.AND	D. STATE	land	b. COUNTY	Da 1 ± 4 w	,
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S with	3	NAME OF DECEASED	·	rst ma	Middle	73 A T TT37	Last	4 DATE OF	Month	Do	
		Type or print)	AGNI	-	79.B,	DAUE		DEATH		5-67	19
- W	5		6 COLOR OR RACE	7 MARRIED			DATE OF BIRTH	9 AGE (		UNDER 1 YEAR	
		F	W	WIDOWED			10-1-09	5	7 yrs.		
Item 1 Office I ond 2 r deoth	100	USUAL OCCUPATION	(Give kind of work dans Te, even if retired) /		IND OF BUSINESS OR DUSTRY	2, 1	11 BIRTHPLACE (State	0 11		12 CT ZEN C	F WHAT
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Exominer's Exominer's File pages 2 hours aff	13	FATHER'S NAME		10			14 MOTHER'S MA DEN N	AME	1 1		
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I Explain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	WAS DECEASED EVE	R MUS ARMED FORCES'	?	SOCIAL SECURITY NO	17 INF	ORMANT	1- n	Address	3cm	b
Medical permit.	1	s, no, or oaknowny	(II Aez Aisa Mat ai aglez		16-10-29	409 h	sill great	1.150	4 (1	notte	1
5 = == >	Г		EATH (Enter only one co	iuse per line for	(a), (b), and (c).)			-			ITERVAL BETWEEN
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ing ond ond		last.		(c)							
	=	PART II OTHER SI	GN FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE.	ATED TO THE	TERMINAL DISEASE CON	Dition GIVEN IN PA	LRT 1(a)	19	PERFURMENT
cote, write forwords.	CERTIFICATION		General	lized a	rterioscle	rosis					YES X NO
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certification of the core		PR MARY ( or CO CAUSE OF DEATH	NIXIRC INC ()								
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our our ige	F	Haur a.i	10	While at war	Not While	tactory	, street, office bldg., etc.)				
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Pre-		ACTUAL SIGNATURE	land L	- 4	2		M.D. ASSISTANT MEDI	CAL EXAM NER			22 DATE SIGNE
ry. erol be prio			Earl L. Ro	yer, M.	DX			L EXAMINER	J	ulv 25	, 1967
ecessory, moy be runeral moy be runeral			109 Camden	Ave	Misbury.	Md.	Address (Street,	city tawn ar caun	ty)		, -, -,
hecessory, the funero S moy be CUNERAL	230	BURIAL, CREMATIC	ON, 23 <sub>p</sub> DATE TH	HEREOF San	23c NAME OF LEM	ETTEN OF LE	MATORY	23d LOCATION	(City or Town	2 (Count	y) (State)
2 - 2 - 2	11	REMOVAL (Specify	July 1	19 67	Joseph H	Herry	riffer.	pook	em ac	1 16/-1	had .
VR A 15ME (51)	1	FUNERAL D RECTO	- EXMININ	& Com	ADDRESS		2So REC'D	BY REG STRARIO	785b REGIST	RAR'S SIGNAT.	Cudar.
6M 1/67	C	urtis Ev	ans Funera	l Home,	Baltimore	, Md.	DATE	220 101	1		0



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10245

#### CERTIFICATE OF DEATH

10244

ī	PLACE OF DEATH					E (Where dec	eased lived, if instituti		ice before a	dm ssian	)
	a. COUNTY	Wicomico		MARYLAND	o. STATE Ma	ryland	b. COUN	Wi Wi	comic	0	
	b CITY OR TOWN (	If autside carparate limits,		C LENGTH OF STAY IN 16	c CITY OR TOWN (II	f autside corpi	orate limits, write RUR	AL and giv	e nearest to	(משנ	
	WITE KUKAL OR	Satisbury		7 days	Ma	rdela	(Rural	)			
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspital, g	ive street address)	d. STREET ADDRESS				e 1	S RESIDE	N(E
		Deer's Head	State	e Hospital	3H	arntos	wn Road		YES		10 [
3.	NAME OF DECEASED	First	eatr	ice Middle	Lost	4 DATE		1	Day	Year	-
	(Type or print)	ETTA/		(PATTON)	ECHARD	OF DEAT	тн 7		18	_ 1967	7
۶.	SEX	6 COLOR OR RACE 7	MARRIED		8. DATE OF B RTH		9 AGE (In years	IF UNDER Manths		UNDER 2	Min
	F	W v	VIDOWED	DIVORCED A	pril 23, 1	1892	last birthday) yrs	manns	Duys	IOUIS	PERMIT
	a, USUAL OCCUPATION ring most of warking	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11 BIRTHPEACE (Cou	inty & State, or	foreign country)		TIZEN OF W	HAT	
_	Housework				Fairfiel		rginia		USA	4	
	. FATHER'S NAME				14. MOTHER'S MAIDI						
	Basil H.				Annie Ju						
15   (¥)	WAS DECEASED EVE es, na, or unknown)	R IN U.S. ARMED FORCES? (If yes give war at dates of ser	16 5 VICE) 22	SOCIAL SECURITY NO 17.	HIPPRMANT LYT	le Echa	and (Sonth)re	55			
	No			0-09-1862-A	Sharptown	Koad,	Mardela,	Mary I	and		
	18. CAUSE OF DE	EATH (Enter anly ane cause parties of the Cause parties of the Caused BY								AL BETW	
		IMMEDIATE CAUSE (a) _	Ly	mphoblas toma					13	AND DE	
	Conditions, if any,	which gave >									
	rise to immediat	e couse (o), ( pur zo							-		· · · · · · · · · · · · · · · · · · ·
	stating the under	riying couse									
		CHIEFTANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATED TO	THE TERRIBIAN DISCASS	CONDITION C	NEA IN DART I(-)		10 14/	AS AUTOP	K V
NOI	TAKE II OTHER 3	ONLINEAU CONDITIONS CONTR	IDO INO I	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE	CONDITION G	IVEN IN PAKT T(0)		PEF	<u>rfo</u> rmed	)?
FIG	200 ACCIDENT WAS	LINDEDI VINC []	206 069	SCRIBE HOW INJURY OCCURRED	(Enter nature of num	un Dart I or I	Part 1 of Hom 10 )		YES {	ac N	) [
CERTIFICATION	OR CONTR BUTING	CAUSE OF DEATH	200 00	N/A	fense nome at ulary	in ran i ar r	'dri i of item (6.)				
		MEDICAL EXAMINER) JRY Manth, Day, Year	20d IN		CE OF INJURY (Home, f	form, 20f.	. (City or tawn)	lf o	Unity)	15+	ate)
MEDICAL	Haur a.r.	n	While	Not While I fact	tary, street, affice bldg.,		. (City of Ident)	(60)	211.41	(311	uter
	21 Lengti	n. 17 he that (f) (this before)	at work	led the deceased fram	.[11] <del>1</del> 7]	10 67	to July 1	8 10	67 shad	(1) /	- 1 1-
	saw the de	eceated alive an Util	y 18	19 <b>67</b> , and tha	t death accurred	at 8: 55 A	M from rouses of	and on the	<b>DI</b> , Indi he date s	(I) (Wi Libetht	ej la ahav
	22g SIGNATURE		A	1				22b D	ATE S.GNED	-	1004
		V. We	w	cleu mi	D PHYS	MED DIRECTOR	STAFE A	7	/18/6		
	22c. PHYSICIAN'S				22d ADDRESS			k		d.	
	NAME (Type)	L. V. Mald	ve, l	1. D.	Deer's	Head S	tate Hosp	ital,	Sali	sbur	у,
230	BURIAL CREMATIC	N, 23b DATE THEREO		23c. NAME OF CEMETERY OR			LOCATION (City or Tov		(Caunty)	(Stat	te)
	BUT1 a l	July 20,	1967	Springhill Me	emory Garde	ens !	Salisbury,	Mar	y 1 and		
24	4 FUNERAL DIRECTO			ADDRESS		EC D BY REGIS	STRAR 2Shy RES	STRARYS	IGNATURE	Lee	
	HOLLOWAY	& COMPANY,	SALIS	BURY, MARYLANI		11.20	1967		1	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death and Page 4 may be retained by the hosp tol or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove company appers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, crematian, or remaval, and in any great, within 72 hours offer death.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 10246 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Wicomico MARYLAND Arlington papers. Pages 1 n 72 hours after irginia b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salls Dury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? p etely filled i capbon paper Peninsula General Hospital 1114 No. Stuart Street NO A 3 NAME OF First Middle 4. DATE Month DECEASED OF DEATH LESLIE CECIL. (Type or print) dupo eve F UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED 7 NEVER MARRIED DATE OF BIRTH AGE (In years / IF UNDER 24 HRS remave lost birthdoy) Months and in any **MADOWED** DIVORCED Aug. 5.1900 guq 100 LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Carpenter

13. FATHER'S NAME U.S. Gov Greenbrier County, W. USAar remayal, Virginia Hepler attending poermit. The Joseph  $H_{\bullet}$ Egaleston 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) 578-07-7417 Mrs Exthel V. Eagleston crematian, 1B. CAUSE OF DEATH (Enter only one couse per line/for (o), (b), and (c), ANTERVAL BETWEEN by the transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY new IMMEDIATE CAUSE (o) DUE TO signed to burial tr burial, c Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stoting the underlying couse by the haspital or attending as the prior to has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPS far use Health CFRTIFICATION PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 200 ACCIDENT WAS UNDERLYING [ 18 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY Home, forme 20k, TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m. While factory, street, office bldg., etc. Not While ot work at work 21. I certify that (!) (this haspital) attended the deceased from be retained 19 6 and that death accurred at 5 200 M, from causes and an the date stated above. saw the deceased alive an\_ 22o SIGNATURE 22b DATE ŞIGNED STAFF 7/24/67 director, page 3 should be filed v M.D PHYS DIRECTOR PHYS

23c NAME OF CEMETERY OR CREMATORY

Fairfax,Dr.

Oakwood Cemeteru

22d. ADDRESS

Ar I DATE

23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

JUL 28

(State)

(County)

Church.

2Sb. REGISTRAR'S SIGNATURE Milianes

Page 4 may b VR A15 (4) 20 M 1/66 22c. PHYSICIAN S NAME (Type)

230 BURIAL CREMATION.

REMOVAL (Specify)

Burla

rlington

23b DATE THEREOF

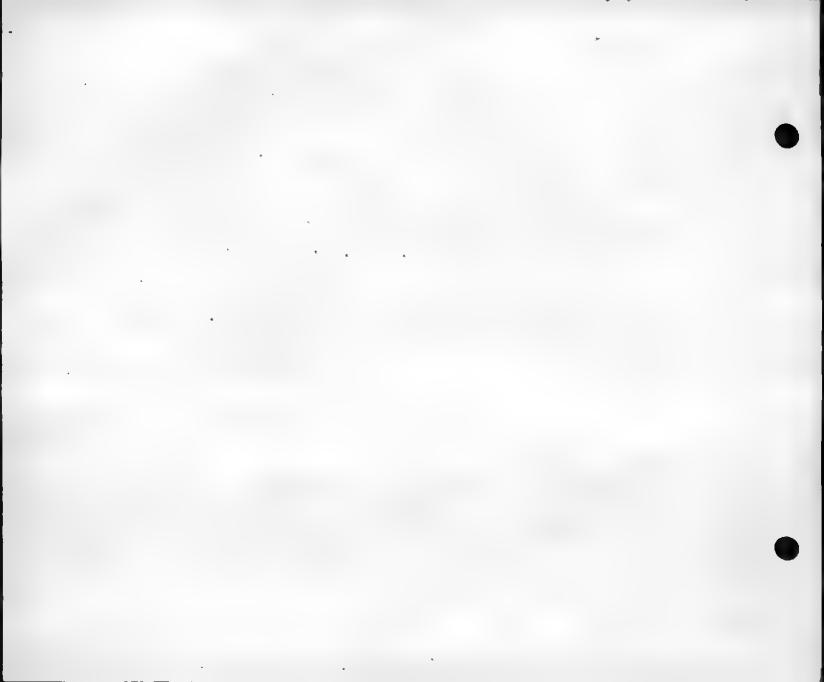
Funeral

7/27/67

executed within 24 hours

requires that the death certificate be

ATTENDING PHYSICIAN:



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 2 :			10247		CERTIF	ICATE (	OF C	DEATH			10%	15
e de			LACE OF DEATH COUNTY Wicomico				o. STA	TE	There deceased liv	ed, if institution b COUNT	ГУ	
es te		Ŀ	CITY OR TOWN (If gutside corpur	ofe limits,	c LENGTH OF STAY	YLAND IN 16	CITY O		rland tside corporate lim	iits, write RUR	Wicon At and give near	
nours offer n by the to s. Pages thours affer			write RURAL and give represt to		152 da	ys		Sali	sbury		1,1	1
4 ho	91	0	. NAME OF HOSPITAL OR INSTITUTION				d. STREET	T ADDRESS				e IS RESIDENCE ON A FARM?
nin 24 ho filled in E papers. thin 72 ho	1	_		ead State					W. Main			AEZ NO
ely fely f		Ū	AME OF ECEASED	First	Middle	I 10 TY		ast	4 DATE OF	Month 7	16	
ed fer		5 5	(ype or pnnt) PAN:		ELIZABETH NEVER MARRIE		DATE OF		DEATH 9. AGI	(In years	IF UNDER 1 YEAR	
e executed with			F W	WIDOWED	DIVORCE	Jar	nuar	y 5, 18	393 <sup>los</sup> 7	t birthday) 4 yrs	Manths Doys	Haurs Min
cion pri			USUAL OCCUPATION (Give kind of working life, even if refire to the control of the		IND OF BUSINESS OR IDUSTRY				& State, or fareign ( County,		12 CITIZEN COUNTRY	
physician physician nen please loval, and		13.	FATHER'S NAME					HER'S MAIDEN N				
h certi Ing ph Then remov			John Smith						Driscoll			
ent ar		15 (Ye:	WAS DECEASED EVER IN J.S. ARMED (If yes give war o	ORCES? Ir dates of service) 22	SOCIAL SECURITY NO 20-32-0350	17 Mr Mr 40	ormani • Ha 5 W •	rry Ma Main	tthew Fi Street,	elds ( Salisb	Husband) ury, Mar	yland
that the dan. by the atternant perrecemental.			18 CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED	nv .								NSET AND DEATH
cian. d by the transit, cremat	,		MMEDIAT	E CAUSE (o) BI	onchopneur	nonia,	rig	ht base	9			l days
res rsicio red ral-fr	1		Conditions, if any, which gove	DUE TO (b)								
phy sign bur bur			rise to immediate cause (a), (stating the underlying couse (	DUE TO								
ding ding seen the arta			lost.	(c)								
tten tten as b as as	4	×	PART II OTHER S GNIFICANT COND	TIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE	TERMIN	AL DISEASE COM	EDITION GIVEN IN	PART 1(o)	19	PERFORMED?
N: The or a cort of the hate hearth earlth	al l	SATIO	Fractured pel									YES NO 🔀
SICIAN Ispital iertifica ied far t. af he		L CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMIN	TH	N/A	OCCURRED (En	ter notu	ire of injury and	Part I ar Part II a	t item 18)		
IG PHY the har r this detach detach tre Dep		MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m. p.m.	19 While	k 🔲 otwark 🗀	factory	, street, o	RY (Mame, form affice bldg., etc.)		y ar tawn)	(County)	(State)
TENDIN ined by JR: After auld be the Star			21. I certify that (I) (f	nis lospital) atten ar July I	ded the deceased	from Feb	<b>rua</b> leath d	<b>ry D</b> i , 1 accurred at	9 67 to	Inly 16		
P S D S S S S S S S S S S S S S S S S S			22o. SIGNATURE	halo	lin	M.D	ATTENI PHYS	DING	MED. DIRECTOR	STAFF PHYS	22b. DATE SIG 7/17	/67
May RAL E	,		22c. PHYSICIAN'S NAME (Type) L. V	. Maldve,	M. D.			address er's He	ad State	e Hospi		Md. lisbury,
Page 4 Punein	4	230		DATE THEREOF	23c. NAME OF CEN					ON (City or Tov	,	, ,
0 0 0 0 de constant de constan				y 19, 1967		nt Cem	eter					Co.,Md.
VR A15 (4) 25M 1/67	4	24	FUNERAL DIRECTOR		ADDRESS				BY REGISTRAR		GISTRAR'S SIGNAT (Wayle	
25M 1767	. 4		HOLLOWAY & COM	PANY, SALI	SBURY, MA	RYLAND		DATE J	JL 18 1	967	- Trus	1

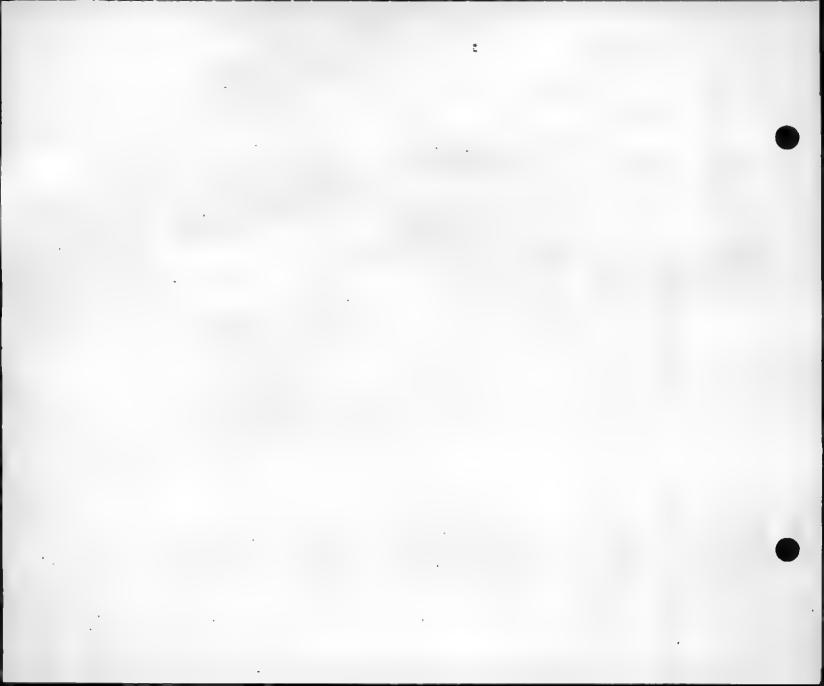


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10248	CERTIFICATE	OF DEATH	<u> </u>	6247
	LACE OF DEATH L. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where do SIAIE)	eceased lived, if institution: Residen b (OLNTY 52	ce before admission)
b	o. CITY OR TOWN (If outside corporate limits, Switz RURAL and pixe nearest town)	c. LENGTH OF STAY IN 16		rparate limits, write RURAL and give	e nearest tawn)
	NAME OF HOSPITAL OR INSTITUTION (If not in hos Peninsula General		d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM? YES NO
0	NAME OF First DECEASED Type or print) Louise	Middle Fo:	Last 4 DA OI DE	ATH JULY 2	9 1967
Fe	1111166 1111111111111111111111111111111	OWED DIVORCED D	Ec. 8, 1911	9. AGE (In year IF UNDER  5 orthday) Manths  yrs	Days Haurs Min.
duri	ng mast of warking life, even if replied)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State,		UNTRY? US
	FATHER'S NAME, HO	oin	Mother's Maiden NAME	resuchory	2
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknown) (If yes give war ar dates af service	) 16 SOCIAL SECURITY NO. 17 IN	STEET HOTE	well Delm	- Del
	18. CAUSE OF DEATH (Enter only one couse per I PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (a), (b), and (c).)	pl		INTERVAL BETWEEN ONSET AND DEATH
	/ '/ O X Canditians, if any, which gave itse ta immediate cause (a), stating the underlying cause last.	Concer D	broad		
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I a	r Part II af item 18.)	
MEDICA	20c TIME OF INJURY Manth, Day, Year Haur a.m. 19		OF INJURY (Hame, form, 17, street, office bldg., etc.)	Of (City or town) (Car	unty) (State)
	21. I certify that (I) (this haspital) saw the deceased elive an	attended the deceased fram and that		M, fram/causes and an t	
	220. SIGNATURE Scelar (	Hype MD.	ATTENDING MED. PHYS. DIRECTI 22d. ADDRESS	STAFF -	ATE SUBNED /67
23a	NAME (Type)  BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR CO	REMAJORY 23	LOCATION (City or Town)	(Caunty) (State)
24	FUNERAL DIRECTOR Movel	ADDRESS &	DATE AUG	GISTRAR 256. REGISTRARS S	IGNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certifiante be executed within 24 laurs after diath filed in by the fusered notices. Pages I among thin 72 hours after 65 of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cal director, page 3 should be detached far use as the burial-transit permit. Then please remainshauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66



# MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

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	V	130	-	5

1 / /	# A # A A A MEDICAL EXAMINED	(3 CERTIFICATE OF DEATH	3.5
R1Y 1 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	
	d. COUNTY VICOMICO MARYLAN	o STATE Maryland b COUNTY Wic	comico
	b CITY OR TOWN (If outside corporate limits.   c LENGTH OF STAY IN 16	- 1	
	write RURAL and give nearest town) Salisbury	Quantico	,
	d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
	DOA Peninsula General Hospital	Route L	YES NO X
3	NAME OF First Middle DECEASED	Lost 4 DATE Month	Doy Year
L	(Type ar print) FIATIF	CALLE DEATH 7-25-67	19
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER ) lost buthdoy) Months	Days Hours Min.
	F AA WIDOWED 3 DIVORCED	9-27-01. lost bushdoy) Months 65 yrs	
d	a USUAL OCCUPATION (Give kind of work dane TDb KIND OF BUSINESS OR ring toost of working life, even if retired) INDUSTRY	COL	IZEN OF WHAT
L	Domestic None	Maryland  14 MOTHERS MAIDEN NAME	U.S.A.
ı			
-	WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO.	I Annie More	
	es, no, or unknown) (If yes give war or dates af service)	Clarence Horsey Woll St.	
-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	Clarence Horsey Laural Del	NTERVAL BETWEEN
-	PART I DEATH WAS (A LSED BY IMMEDIATE CAUSE (a) Generalized p	eritonitis	ONSET AND DEATH
	4// DUE TO		
	Conditions, if ony, which gave ) (b) Perforation o	f duodenal ulcer	days
	rise to immediate cause (a), stating the underlying cause DUE TO		
	(c)		
CEPTIESCATION	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a,	9 WAS AUTOPSY PERFORMED? YES NO
MILE	20a EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐	RED (Enter noture of injury in Part I ar Part II of item 18 )	
100	CAUSE OF DEATH		
MEDICAL	20t TIME OF INJURY Month, Day, Year Abuse 19 2Dd. INJURY OCCURRED While Not While of work 19 2De	PLACE OF INJURY (Hame, farm, factory, street, affice bldg , etc.)	inty) (State)
	21 I certify that I tage charge of the remains described obove	e, held o <u>n Autopsy (X</u> ), Inspection (X), Inquiry (X),	and in my opinion
	death resulted from Notural causes 🔊 , Accident 🔲 .	Suicide, Homicide, Undetermined manner	
	ACTUAL O (	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE	M.D ASSISTANT MEDICAL EXAMINER	
	Examiners Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER A Address (Street, city, town, or county)	28, 1967
2	O BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERS	Kala	(Caunty) (State)
	REMOVAL (Specify) Burial .7/30/67 Quantico		omico Ed.
	4 FUNERAL DIRECTOR /// - ADDRESS	2So REC'D BY REGISTRAR 2Sb REG STRAR'S SI	GNATURE
	linton Stevent Funeral Jone, Salishur	TV. Md. DATEALIG 1 1967 Killiam	Can Juage

10250

# CERTIFICATE OF DEATH

-	2	50	/	1
_	Ü	4	,	J

PLACE OF DEATH			CTATE	There deceased lived if institution	Residence before admission)
o. COUNTY	Wicomico	MARYLAND	o STATE Mary]	Land b. COUNTY	Somerset
b. GIY OR TOWN	(If outside corporate mils,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If our	tside corporate limits, write RURAL o	nd give neorest town)
	nd give negrest town) Salisbury	55 days	Westo	over	lata a second
d NAME OF HOSPI	ITAL OR INSTITUTION (IF not in ho		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Deer's Head S				YES NO
3 NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year
(Type or print)	OLIVE	PUSEY	GIBBONS	DEATH	24 1967
S. SEX			B DATE OF B.RTH	last birthday) Ma	UNDER I YEAR   IF UNDER 24 HRS on this Doys Hours Min.
P IN IN INCOME	1 14	TOP KIND OF BUSINESS OR	June 24,18	Stote or foreign country)	12. CITIZEN OF WHAT
during most of working	g I te even if retired)	INDUSTRA	` '		COUNTRY?
13 FATHER'S NAME	ire		Somerset  14 MOTHER'S MAIDEN N		U.D.
	n II Control	1		Brown	
	n U. Cantwel VER IN U.S. ARMED FORCES?		NFORMANT	Old Quant	ico Pd
	(If yes give wor or dates of service	a)	e Marw Da	vis Salisbury	
I 18 CAUSE OF D	DEATH (Enter only one couse per		Je Mary Da	TIO DUILDDUL	NTERVAL BETWEEN
PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Parelinal	handre	The same	ONSET AND DEATH
+ 13	DUE TO	V I	0	11	, 1
Conditions, if on		Hypertennin 1	Extrose	lestic Hent	Daine Monito
rise to immedia		10			
last.	(c)				
PART II OTHER S	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL D SEASE CON	IDITION GIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED?
15					YES NO 🔀
200 ACCIDENT WAS OR CONTRIBUTION (IF FITHER MOTE)	AS UNDERLYING  G CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Port I or Port II of Hem 18)	
(IF EITHER, NOTH	Y MEDICAL EXAMINER)				
20c. I.ME OF IN. Hour o	JURY Month, Doy, Yeor J.m.		CE OF NJURY (Mome, farm ory, street, office bldg., etc.)		(County) (Stote)
p	o.m. 19	of work U of work U			£17
21. I cert	ify that (I) (this hospital)	attended the deceased from My 24 19 67, and that	ay yu , 1	967 to July 24	, 1957, that (I) (we) last
220 S GNADURE		7 24 19 OF , and that	death occurred dig		an the date stated above.
220 3,5144,688	/ Wit	March MI		MED STAFF DIRECTOR PHYS	7/24/67
22C PHYSICIAN	3 / 1000	TO CE MILE	22d. ADDRESS	AUTON FOR LISTS	Md.
NAME (Type	e) A. C. Mitch	ell, M. D.	Deer's Hea	ad State Hospita	l. Salisbury.
230 BURIAL, CREMAT	TON, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCAT ON (City or Town)	(County) M (State)
burial en	7/26.67	Emmanuel Ce		Perryhawkin;	Somerset Co.
14 FUNERAL DIRECT	OR /	Princess A	MA JSO RECD		RAR'S SIGNATURE
Torres	X lund	/ FIIRCESS A	TITLE NICE	UL 28 1967 U	Chamba . 11

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the Tuderal director, page 3 should be detached for use as the burial-transit permit. Then please remayed carban papers. Pages Thand Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with in 72 hours after depth. Page 4 may be retained by the hospital or attending physician. VR A15 (4), 25M 1/67



15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		10252		CERTIFICA	ATE	OF DEATH				251
i ond er déoth		PLACE OF DEATH D. COUNTY Wicomico	-	, MARYLAND		2 USUAL RESIDENCE (W. o. STATE Mary	land	b. COUNT	Som	erset
by the f Pages ours ofte	1	c CITY OR TOWN (It outs de carparate for write RURAL and give nearest tawn) Salisbury	nıts,	C LENGTH OF STAY IN 16		Monie	side corparat	e hmits, write RURA	L ond give ni	eorest town)
illed in by the fur papers. Pages 1 in 72 hours ofter	4	name of hospital or institution (if Peninsula Gene				d STREET ADDRESS				B IS RESIDENCE ON A FARM? YES NO
T = ==		NAME OF DECFASED Lydie Type or print)	First W	esley		Hatt	4. DATE OF DEATH	Month	,	Doy Year 19 6 7
comp ove	5.7		7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	378	Age orthogy		AR IF UNDER 24 HRS  oys Hours Min
physician ond a en please remo oval, and in any		USLAL OCCUPATION (G ve kind of work do pa most of work on life event retired)		ND OF BUSINESS OR DUSTRY		1) BIRTHPLACE (County of Somerset			12 CITIZE	N OF WHAT
	13	FATHER'S NAME George Hall				14 MOTHER'S MAIDEN N Eliza		Lawren	ce	
by the ottending phy. transit permit. Then p cremation, or removal	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE s, no, ar unknown) (If yes give war ar doft				FORMANT orge Hall,	Mon	ie, Md.		
d by the of		1B CAUSE OF DEATH (Enter only one PART I DEATH WAS (AUSED BY IMMEDIATE CAU		19) fit and (1) All	in	, The or	notice:	245		INTERVAL BETWEEN ONSET AND DEATH
signed by burial-tran burial, crei		Conditions, if any, which gave	UE TO (b) (2	eneralisi	10	ultriace	uas	1_2		YKI .
the r to		stating the underlying couse last.	(c)							
hos h pr	CATRON	PART II OTHER SIGNIFICANT CONDITION:				<u>-</u>				19 WAS AUTOPSY PERFORMED? YES NO
# P 75	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCUR	RED (E	inter nature of injury in f	Part I or Part	Il of stem 1B)		
this detoc e Dep	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m.	9 20d II While at worl	- Not While -		OF INJURY (Home, form y, street, office bldg., etc.)		(City of town)	(Count	y) (Stote)
- D		21. I certify that (I) (this h saw the deceased alive on		ded the deceased fram	n that	death accurred at	967 to 63577 M			that (I) (we) last date stated above.
		220. SIGNATURE	ille		M.D.		MED DIRECTOR	STAFF PHYS.	22b DATE	SIGNED 67
O FUNERAL DIRECTOR: director, page 3 should should be filed with th		22c PHYS.CIAN'S NAME (Type)	HBY	iele.		220 ADDRESS	1066	MALI	Me	duy rest
directo		BURIAL, CREMATION, 23b, DATE 7/13	THEREOF 167	Beechwoo	or co d	REMATORY	Prin		ne;So	merset Co.
VR A15 (4)	29	FUNERAL DIRECTOR	ian	Princess	Aı	nne, Male J	BY REGISTR	1967 REG	STRARS SIGN	ATURE MANAGEMENT

TO HOSEITAL OR ATTENBING PHYSICIAN: The low requires that the Beoth certificate Be executed within 24 heurs offer deoth. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

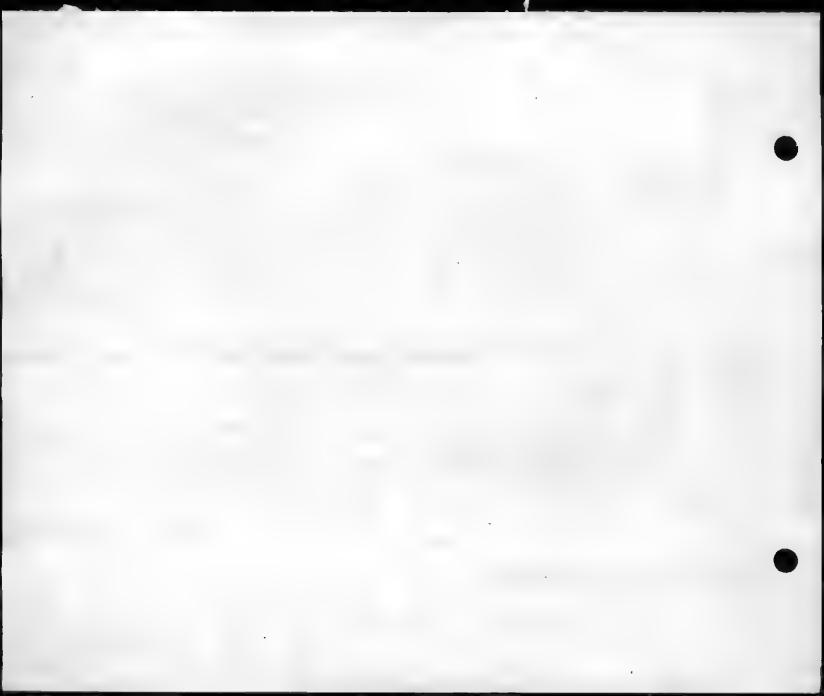
4	0	9	5	3
J.	1	Fee	83	U

## CERTIFICATE OF DEATH

1	PLACE OF DEATH			ere deceased lived, if institution. Resid	lence before admission)
	a. COUNTY Wicomico	MARYLAND	u STAPE	6 COUNTY	0200
	b CITY OR TOWN (+ autside corporate limits,	c LENGTH OF STAY IN 16	C CITY DR TOWN (If outsice	de corporate limits, write RURAL and o	ve neorest lown)
	Swite Rank and give pearest town)		1	/2	,
Н	d NAME OF HOSPITAL OR INSTITUTION (14 nat in haspital,	nive street address)	d. STREET ADDRESS	M WING	e IS RESIDENCE
	Peninsula General Ho		U. STREET ADDRESS		ON A FARM?
					YES NO K
3.	NAME OF DECEASED	Middle	Lost 4	DATE Month	Day Year
L	(Type or print) Charles Co	dun H.	id 70 ).	DEATH ) In F V	24 1967
S	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8/ DATE OF BIRTH	9. AGE (In years   F JND)	
1	11/hit WIDOWED	DIVORCED	1000 10 10G	2 7 LL YES WORTHS	s Days Haurs Min.
		(IND OF BUSINESS OR	1)_B RTHPLACE (County & S		CITIZEN OF WHAT
đũ		NDUSTRY CONTROL	Pracidian	Proces Tim	COUNTRY?
1	FATHER'S NAME	of & dime	I 14 MOTHER S MAIDEN NAM	MF 17 FE	12.0.1
"	Rhand Hansan		me a.	+- 11. + C.	
	Marley Huyme	en e	Mare Esse	elle de Ceri	spila
[A	WAS DECEASED EVER NUS ARMED EXPRES? es, no, arunknown) (It yes give was or dates at service)	SOCIAL SECURITY NO. 17	INFORMANT	Address	12, 2
Ĺ		n	n Mada	It running	1.1.C:molle
	IB. CAUSE OF DEATH (Enter only one cause per line to	r (a), (b), and (c).)	100	1 = 4	NTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g)	meno se	enote 1	part Ducas	ONSET AND DEATH
	DUE TO				
	Conditions, if any, which gave ) (b)				
	rise to immediate cause (a), Stating the underlying cause DUE TO				
	last. (c)				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)	19 WAS AUTOPSY
CERTIFICATION	TARE IN STREET STREET COMPANY COMPANY			77.0	PERFORMED? YES NO TO
3	On ACCIDENT WILL INDEPNISH OF THE SALE	SECCEDE HOME MINING OCCUPAND	/C	A London House 191	YES NO LY
E	205 I	PESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Por	TI OF POST II OF ITEM 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d Haur o.m. Whit		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town) (	County) (Stote)
×	p.m. 19 at wo		intry, street, office blug., etc.)		
	21. I certify that (I) (this haspital) atte	nded the deceased fram_	- 4 19	ta / 1	9 / that (1) (we) last
П	saw the deceased alive an		at death accurred 🚭.	M, fram causes and an	
L	22a. SIGNATURE	0		22b	DATE SIGNED
1	- 0011	- "		RECTOR PHYS.	20160
					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	22c. PHYSICIAN'S		22d. ADDRESS		-74-01
	22c. PHYSICIAN'S NAME (Type)	"			-1401
22	NAME (Type)		22d. ADDRESS		(County) (State)
23	NAME (Type)  9 Burial, Cremation, 23b Date Thereof REMOVAL (Specify) 2	234 NAME OF CEMETERY OR	22d. ADDRESS	23d TOCATION (City or Town)	(County) (Store)
	NAME (Type)  Burial, Cremation, REMOVAL (Specify) 7  REMOVAL (Specify) 7  REMOVAL (Specify) 7	236 NAME OF CEMETERY OR	CREMATORY LEW COMM	23d DOCATION (City or Town)	me fift
	NAME (Type)  9 Burial, Cremation, 23b Date Thereof REMOVAL (Specify) 2		22d. ADDRESS	23d JOCATION (City or Town)  1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	me Title

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Tay shauld be filed with the State Dept of Haalth priar to burial, crematian, or remaval, and in any event within 72 haurs.

VR A15 [4] 20 M 1/66



10254

## CERTIFICATE OF DEATH

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er.	t	ful	t.	ũ	

CV 275									
a Sala		LACE OF DEATH				2. USUAL RESIDENCE	(Where deceased lived		ince befare admission)
514601		. COUNTY	Wicomico		MARYLAND	o. STATE Max	ryland	b. COUNTY Ch	arles
affe Lu	1		If outside corporate limits	5,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate imit:	s, write RURAL and g	ve nearest town)
s. Pages haurs affi		write RURAL and	Salisbury		65 days	Wall	dorf	18	1, -
- vi <del>-</del>	(	I. NAME OF HOSPIT	AL OR INSTITUTION (IF no	ot in hospital, g	rve street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?
and completely filled re remove carban paper n any event, within 72			Deer's Head	d State	Hospital	P.0	. Box 244		YES NO
with the		AME OF	Fii	rst	Middle	Last	4. DATE OF	Month	Day Year
arb nt,		Type or print)		FERSON		HENRY	DEATH	7	26 19 67
we we	5 :	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (	n years IF UNDER	R 1 YEAR OF UNDER 24 HRS  Days Hours Min.
e attanding physician and campletely it permit. Then please remaye carban tian, or remayal, and in any eyent, wit		M	W		DIVORCED		06 6	/ yrs	
5 5 -			I (Give kind of work done		ND OF BUS NESS OR DUSTRY	11. BIRTHPLACE (County	,		CITIZEN OF WHAT
ease and		ng most of warking	KOWN"			1 0 10 /	WN.		5.a.
ld c	13	FATHER'S NAME	/			14. MOTHER S MAIDEN			
Ther Ther Ther		V / +	OWN			UNK	OWN		
rre rre			R IN U.S. ARMED FORCES? (If yes give war or dates o	A annuar M	OCIAL SECURITY NO 17	INFORMANT	1	Address	11, Marbany
n, o		NKOWN		126	5-14-3095 /	Lenry V	rum	avel	( mill
of in a state of the contraction		18. CAUSE OF DI	ATH (Enter only one course the WAS CAUSED BY:			0			INTERVAL BETWEEN
dns dns em		7 2 2 C	IMMEDIATE CAUSE	(o) Set	pticemia				14 days
signed by the burial-transit burial, cremat		c 1. (	DUE		2.4.22	Lat			0
urio		Canditions, if any	e couse (n)	(4)	ltiple decubit	61.			9 months
		stating the unde		Ch	ronic rheumate	oid arthriti	S		Years
as the priar to		<del></del>	CHIEFCANT CONDITIONS C	(r)	O DEATH BUT NOT RELATED TO			DT 1/-)	19 WAS AUTOPSY
use coulty b	NOI	PART II OTHER 37	GNIFICANT CONDITIONS C	UNIKIBUTING I	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	MUITION G VEN IN PA	K1 1(a)	PERFORMED?
icate ho for use Health	Z.	20o ACCIDENT WAS	CHARGOLVING [7]	30h DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of inus, in	Part Lar Port Haf et	tom 10.)	AES NO DK
手やち	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200 063	SCRIBE MOW INJURY OCCURRED	(Euter nargie of thiory in	ren i ar rom it ai ii	em b j	
this cert detached te Dept. a	MEDICAL		JRY Month, Day, Year	20d IN	JURY OCCURRED 20e, PL	ACE OF INJURY (Hame, for	m. 20f (C.ty.)	ar tawn) (C	ounty) (State)
det det he D	MED	Hour 'o.r	n. 10	While of work		ctary, street, affice bldg., etc	.)		.,
Stat			I h		led the deceased from	May 22	19 67 to J1	aly 26 19	67, that (1) (we) los
the		saw the de	eceased plive an J	uly 26	19. <mark>67</mark> , and the	ot death occurred a	12:07A M, from	causes and on	the date stated obove
<b>5</b> 44		1220. SIGNATURE	11/1		Carl.	ATTENDING -	MED	TACC	DATE SIGNED
2 % po		Qua:	THUI	MAG	La Det M	D PHYS		HYS. K 7/	/26/67
<b>1</b> 55 #		22c. PHYSICIAN S NAME (Type)	01	7.73	- AA - N	22d ADDRESS	2 05-5-	17 d 4 - 7	Md.
O FUNERAL DIRECTOR: After this cer director, page 3 shauld be detache shauld be tiled with the State Dept.					ott, M. D.				, Salisbury,
FUN	230	BURIAL, CREMATIC REMOVAL (Specify		RPOF	235 NAME OF COMETERN OF	CREMATORY	23d. LOCATION	(City of Jown)	(Caunty) (Stote)
5. p. 42	K	mas	1/4/	16/	isank lo	STON S	Ma	way	J My
A15 (4) M 1/67	24	ELNERAL DIRECTO	R-4-91		ADDRESS &		d by registrar UG 1 196		SIGNATURE
M 1/67	6	110 60	at tus	1000	& None	DATE A	A T 190	of yello	LOS Jungles

TO MODIFIEL BY ATTENDING PRYSICIAN: The law requires that the Beath certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR 25



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10255 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH p. COUNTY b COLINTY Wicomico MARYLAND Delaware Pages b CTY ax Tawn (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by the papers. Pag thin 72 haurs Salisbury De 1mar d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 01d Stage Rd., R.D.#1 Peninsula General Hospital 3. NAME OF Middle 4 DATE remave carban Month completely DECEASED OF DEATH in pay event, (Type or print) LYNN HONEY 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In veors 7 MARRIED ost birthday) Baby July 30,1967 gud JOG JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY physician pub Salisbury, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Father) 16. SOCIAL SECURITY NO. permit. George J. Hobbs (Fat #1. Delmar, Delaware (Yes, na, or unknown) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) signed by the burial-transit g burial, cremati PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO has been s prior to l stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING COLCAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INSURY (Home, form, 20c TIME OF INJURY Month, Day Year 20f, (City or town) Haur o.m. Not While factory, street, affice bldg., etc.) at work at work 21. I certify that (1) (this haspital) attended the deceased fram. 1967 to 7-30 director, page 3 should should be filed with the 1967, and that death accurred at 11 A.M. from causes and on the date stated above. saw the deceased alive an 22n. SIGNATURE ATTENDING DIRECTOR PHYS PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) \ 23c. NAME OF CEMETERY OR CREMATORY 23c BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) 1.1967 August Parsons Cemetery Burial

VR A15 (4) 20 M 1/66

14 haurs after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

**ADDRESS** 24. FUNERAL DIRECTOR COMPANY FUNERAL HOME, SALISBURY, MD. DATE

Salisbury, Maryland AUG REGISTRAR

. 25b. REGISTRAR S SIGNATURE

Sussex

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT

**COUNTRY?** 

(County)

22b. DATE SIGNED

(County)

Months

e IS RESIDENCI ON A FARM?

YES NO

Year

IF JNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

196 7 that (1) (we) last

NO

(State)

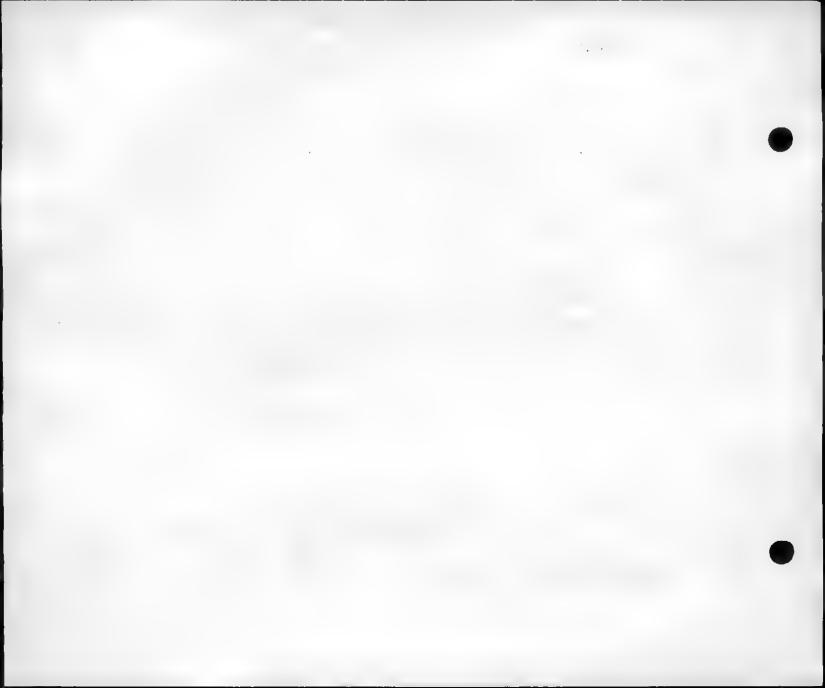
(Stote)



DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16299	CERTIFICATE	OF DEATH		16255
1. PLACE OF DEATH				tian Residence before admission)
a COUNTY	MARYLAND	a. STATE	4Nd 000	D'COMICO
b CITY OR TOWN (f autside corporate limits,	C LENGTH OF STAY IN 16	( CITY OR TOWN (If or	tside corporate fimits, write RU	
write RURAL and give nearest town)	111 1:40	Splic	LUPU.	, a
d NAME OF HOSPITAL OR INSTITUTION (if not in has	pital give street address)	d STREET ADDRESS	0019	e IS RESIDENCE
corner Jersey Rd. & Hear		VERSEY.	Road Rt # 2	ON A FARM? YES NO
NAME OF First	Middle	1 1203	4 DATE Mon	th Day Year
(Type or pont)	HIEX Hol	<b>BROOK</b>	DEATH 7	26 1967
SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF LINDER 1 YEAR   IF UNDER 24 HRS
M NRAFO WIDO	OWED DIVORCED	8-6-191	last birthdoy) yrs.	Months Days Haurs Min
a USUAL OCCUPATION (Give kind of work done	OF KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT
or ng most of working life, even if retired)	I INDUSTRY	110-57	0/	COUNTRY?
3. FATHER S NAME,	SHIJOKCIL	14 MOTHER'S MAIDEN I	1AME	1 1=1,1,
110 6 210 (1)		Broth	PARSON'	
S WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT	Addr	ess alloward
Yes, no, or unknown) (If yes give war or dates at service)	1 07 12 3/201 6	1. 1/0.	have It	esey Ko RI # 2
The Court of a Favil IV	12/1-10-3501 La	W Memi	ICPKYV> , SIE	1.Shuky Kld.
18 CAUSE OF DEATH (Enter only one couse per li PART 1. DEATH WAS CAUSED BY	no fal (a), (b) and (c))	11 A. A.	Postoto	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	JUUMON	me of	12/05 lace	147
DUE TO		/ '		
fise to immediate cause (o), (b)				
stating the underlying cause DUE TO				
last (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDIT.ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACC DENT WAS UNDERLYING  - 2	Ob DESCRIBE HOW INJURY OCCURRED	/Enter nature of invention	Part 1 or Part 11 of stars 10 )	1 15 [] 10 [
OR CONTRIBUTING CAUSE OF DEATH	OR DESCRIBE HOW INJOK! OCCURED	(titler lightly or lightly at	FOR TOP FOR IT OF HERE IS )	
		CE OF INJURY (Hame, form		(Caunty) (State)
Hour a.m.	While Not While of work	tary, street, office-bldg., etc.)	11	1 1
21 1 certify that (I) (this haspital), a		20 Kels 1	966 to 77 8	Ly 1967, that (1) (we) to
saw the deceased alive an		t death occurred at		and an the date stated about
22a SIGNAFURI			9	22b. DATE SIGNED
+Thurson	M.	D PHYS	MED STAFF DIRECTOR PHYS D	21ual7
22c PHYSTCIAN S	11 110	22d ADDRESS_	1/11/15/10	r 01:11
NAME (Type) FATTUR NE	2/1/11)	652	WIN SI	1 ALISDAY 1
BO BURIAL, CREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d ¿OCATION (City,or To	own) / (Caunty) (State)
REMOVAL (Spec ty) / 7 - 79 /	2 Harris y	net which	7.0 1. 7.	Ban intil
24 FUNERAL DIRECTOR	FAIRE & ADDRESS	250 DECE	D. BY REGISTBAR A 75b R	EGISTRAR S SIGNATURE
First of Stracy	KEIKI G SUI		16 1967	Millianes Judges

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I have should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after section. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



and completely filled in by the time or 2. emisve, carbon papers. Pages T and 2 a gay event, within 72 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10257

## CERTIFICATE OF DEATH

0256

I PLACE OF DEATH				(Where deceosed lived,		nce before admir	ssion) 🗸
a. COUNTY	icomico	MARYLAND	o. STATE Ma	ryland	b. COUNTY Dorc	hester	
b. CITY OR TOWN	(If autside corparate limits,	c. LENGTH OF STAY IN 16		autside corporate limits,			
write RURAL or	id give negress town)	6 days		vlors Isla			
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	YIOLS TETAL	.ICA	e IS RE	SIDENCE
						ON A	FARM?
A STATE OF THE PARTY OF THE PAR	eer's Head State		-				NO L
3. NAME OF DECEASED	f-ist	Middle	Last	4. DATE OF	Month		Year
(Type or print)	TRENE		HOOPER	DEATH	7		9 67
S SEX	6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In lost but		Days Hours	DER 24 HRS
F	C WIDOWED	DIVORCED	Feb. 1, 19	00 65	Yrs.		
10o. USUAL OCCUPATIO during most of working		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Count	y & State, or foreign count	ry) 12 C	ITIZEN OF WHAT OUNTRY?	
Lat	orer Se	a Food Pkg.	Dorchest	er County.	MJ.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	John Todd			Susan Tr	avers		
	ER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT		Address		
(Yes, no, or unknown)	(If yes give wor or dotes of service)	20-03-9691A	Carlos Hoo	oer, Taylor	s Teland	. Md.	
	PEATH (Enter only one couse per line for		001100 100	004 400, 404	D 25 1 0210	INTERVAL B	RETWIEN
PART I DEA	ITH WAS CAUSED BY	worllase	cular a	undet		ONSET AND	
	IMMEDIATE CAUSE (o)		·			1	730
Conditions, if an	and the second s	inheter 9	millet	-		20	-
rise ta immedia	te couse (o),	10-1-9-1	pully.	- Colonia de la		1	4
stating the under	errying couse					V	
	) (t)	TO DELYN BUT NOT DE 17ED TO	Yelf YEARINGS DICTION C	NOTION ANTHUR		19 WAS AL	VOOCV
S PAKI II VINEK	GENIFICANT CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE U	JADITION GIVEN IN PAK	1(0)	PERFOR	RWEDS
3						YES	NO TO
200. ACCIDENT WA	AS UNDERLYING   CAUSE OF DEATH  20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I ar Port II af iten	1 18)		
	MEDICAL EXAMINER)						
20c. TIME OF INI			ACE OF INJURY (Home, for		town) (Co	ounty)	(State)
₹ mour a.	m. 19 While		ctory, street, office bldg , et	[.]			
21   cert	ify that (1) (this naspital) attend		July 18	1967 to Ju.	Ly 24 , 196	57 that (1)	(we) Inst
saw the d	eceased alive on July 24	19. <mark>67</mark> , and the	at death accurred a	2:25 PM, from 6	auses and an i	the date state	ed abave.
220 SIGNA URE	00-2-1	1 11			22b C	DATE SIGNED	
116	march	M M	D PHYS	DIRECTOR PHY		24/67	
27c. PHYSICIAN			22d. ADDRESS			Md.	
NAME (Type	A. C. Mitchell	, M. D.	Deer's h	lead State	Hospital,	Salisb	ury,
230. BURIAL, CREMATI	ON. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C	ity or Town)	(Caunty)	(Stote)
REMOVAL (Specif		Linas Road		· ·		. ,,	formal
24 FUNGRAL-DIRECTO		ADDRESS		D BY REGISTRAR	tor Co. 1	SIGNATURE	
Mule			Md. DATE J	11 0 4 3		May Jud	al.
	4-1, 4-1,220	Cambridge	DATE	OF OT 100	1	11	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hmurs Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached far use as the bural-transit permit. Then please director, page 3 should be detached far use os the bur ol-fronsit permit. Then pleade should be filed with the State Dept. of Health prior to burial, cremation, or removal, and



cacbon and physician attending DIRECTOR death. Page 4 director, post be filed w

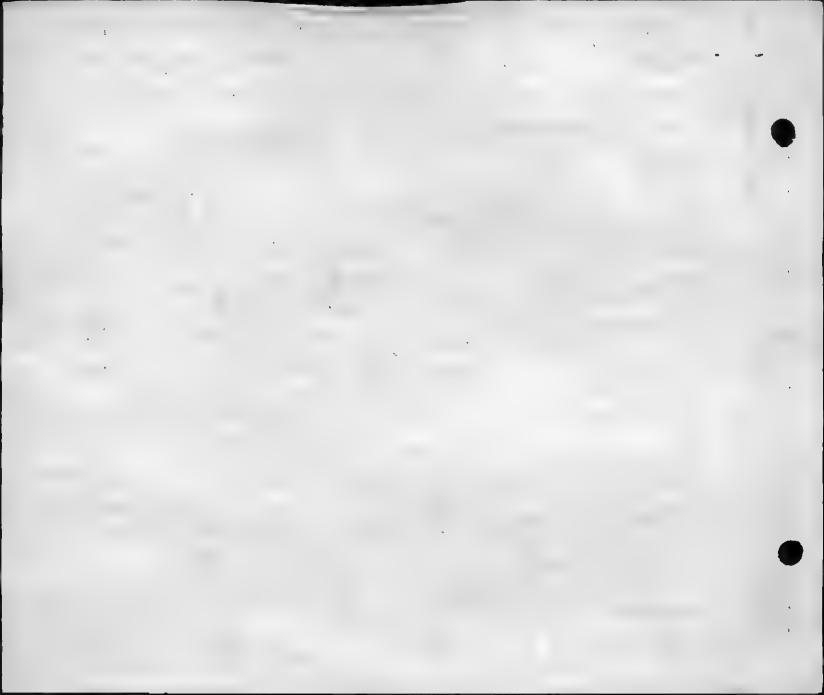


VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2008

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I vad, if Institution; Residence before admission)  a. STATE b. COUNTY
Wicomico MARYLAND	Maryland Wicomico
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pitts ville	Pittsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS O. IS RESIDENCE
In village	(in village)
3. NAME OF First Middle	Lest 4 DATE Month Dey Yeer
(Type or print)	OF
JOHNNIE FRANK  5. SEX  6. COLOR OR RACE   7. MARRIED   8	HUDSON I DEATH JULY / 196/ DATE OF BIRTH 19 AGE (In years IF UNDER 14 HRS.
	lest birthday) Months   Days   Hours   Min.
Male White WIDOWED DIVORCED 1	April 28,1901 66 ym 2 9 1
done during most of working life, even if ratired)	
Retired Farmer Farming 13. FATHER'S NAME	Near Pittsville, Maryland USA
John Henry Hudson	Viola S. Poor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mrs. Myrtle P. Hudson (Wife)
No 214-32-2151	Pittsville, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Massure	gocardea befaretur fuddling
14291 DUETO 0	
Conditions, if any, which \ (b) Corenary (ls)	Tour Inseance years
gava rise to immadiate ceuse	1
(a), stating the underlying	
	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY
<u> </u>	PERFORMED? YES NO 1
200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert Lor Pert II of tem 18.)
OR CONTRIBUTING CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, form, 2Df. (City or town) (County) (Stata)
p.m. 19 at work at work	100 // 1 - 12
21. I certify that (I) (this hospital) attended the deceased from	1965, to fully 196, that (I) (we) last
saw the deceased alive on	dealn occurred at 577M, from the causes and on the date stated above.
22a. SIGNATURE	22b DATE
William Span	D PHYS. DIRECTOR PHYS. D JULY 8 196
22c. PHYSICIAN'S	22d. ADDRESS
Dr. William D. Gray.	334 Camden Avenue, Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
Burial July 10, 1967 Forest Grove	Cemetery R.D., Parsonsburg, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRARIS SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAND	JUL 10 1961 Johnson Junger
	Marian Marian Marian



fast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO? RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(a) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH

22a SIGNATURE

22 PHYSICIAN S

EMOVAL (Specify)

23a BUR AL, CREMATION

24 FUNERAL DIRECTOR

NAME (Type)

MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER

Haur a.m.

2Dc TIME OF INJURY Month, Day, Year

saw the deceased alive on

205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II af item 18.) 2Dd INJURY OCCURRED

at work

21. I certify that (1) (this hospital) attended the deceased from

23b. DATE THEREO

Not While

at wark

OXOM

2De PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)

> M.D. PHY: 220

(City or town)

\_M, from cous

tα

(County)

(State)

1967, that (I) (we) last

e IS RESIDENCE ON A FARM?

YES NO!

Hours

INTERVAL BETWEEN

DNSET AND DEATH

WAS ALTOPSY PERFORMED?

NO

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Manths

Days

12 CIT ZEN OF WHAT

COUNTRY ?

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NDING	0	DIRECTOR		PHYS.		7	110		6
ADDR	ESS							7	
EDI	1.17	CEN	TE	a	SA	41563	2118	Y	,

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) (County)

(State)

250 REED BY REGISTRAR

and that death accurred at 1

ATTE

REGISTRARS SIGNATURE 1967

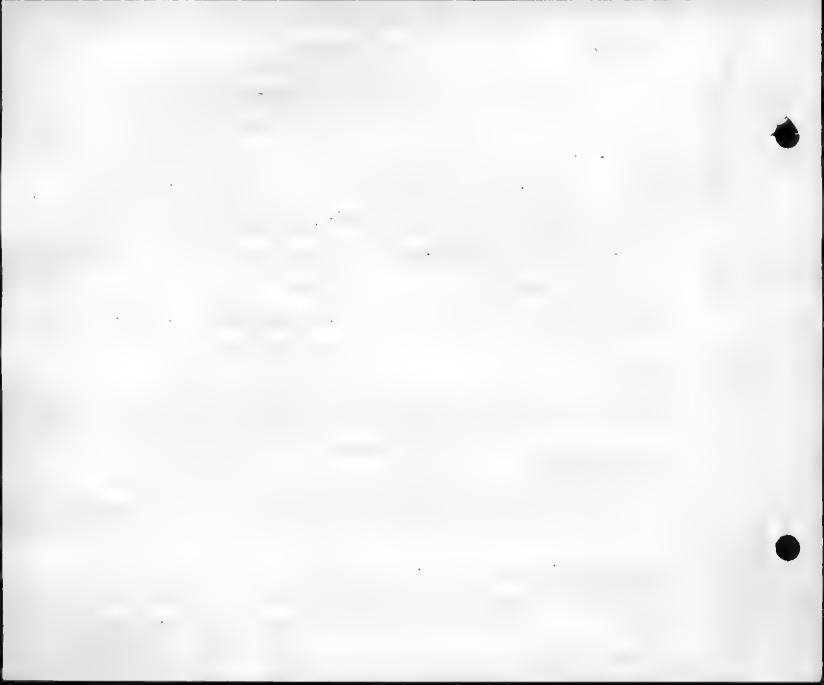
the death certificate be executed within 24 haurs after death remove and in any gug please physician signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval, attending phys The law requires that be retained by the haspital or attending physician. of Health priar to this certificate has ATTENDING PHYSICIAN: detached State Dept TO FUNERAL DIRECTOR: After þe director, page 3 shauld shaud be filed with the ന Page 4 may

borr-papers. Pag within 72 hours

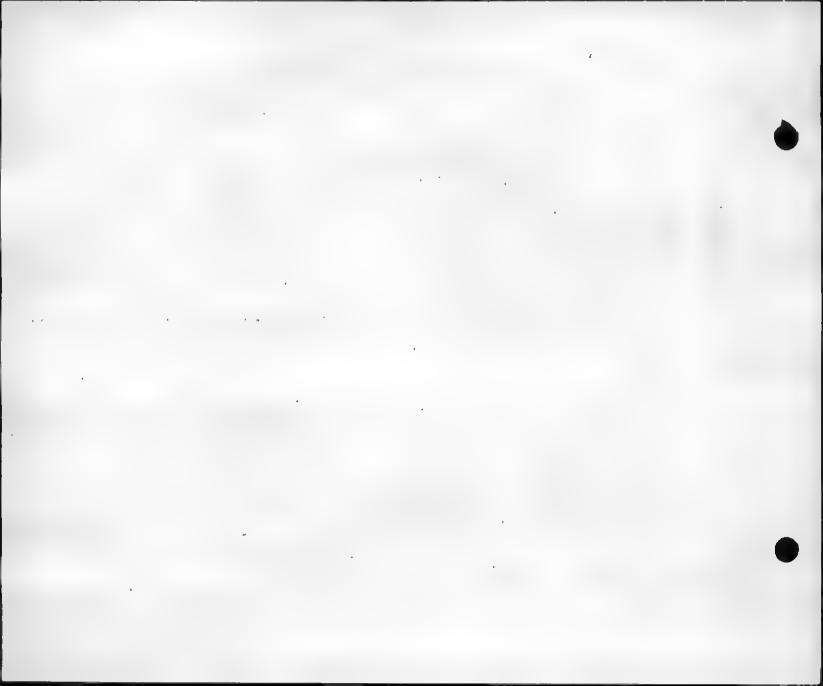
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VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution. Residence before admission) b. COUNTY Sussex o. STATE Delaware o. COUNTY Wicomico MARYLAND b CITY OR TOWN (If autside carparate (mits, C LENGTH OF STAY IN 15 c EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wite AURAL and give regarest town) Dagsboro d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE papers. ON A FARM? The low requires that the death certificate be executed within 24 Peninsula General Hospital NO DE 000 3 NAME OF Merrill Middle Last 4 DATE Month DECEASED (Type or print) Dee OF Nudson 19 67 DEATH dulu S SEX AGE (In years IF UNDER 1 YEAR E UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys MALE WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a LSLAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working the even fret red) None COUNTRY ? Delaware USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, phy: Oscar Hudson Lillie Hudson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, grunknown) (If yes give war at dates of service) Catherine E. Hudson, Dagsboro, Del INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physicion DUE TO 6 wells le seurestel Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as been as the prior to 1 WAS AUTOPSY has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 moy be retained by the hospital or 20g ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF E THER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Haur o.m. factory, street, office bldg., etc.) 21. 1 certify that (1) (this hospital) attended the deceased from 6-12-67 to 7-11 1967, that (1) (we) last director, page 3 should should be filed with the 7-11-67 19 and that death accurred at 2 1/2 M, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DAJE SIGNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS PRYSICIAN'S NAME (Type) HitzgeRALd 23a BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) Carey s Cemeterv REMOVAL (Specify) Burrial Sussex 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE incorped your VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10262

# CERTIFICATE OF DEATH

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	1		77	11	

<b>芦星到</b> 】		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission)
		Wicomico Maryland	o. STATE Meryland 6 COUNTY Wecomes
Pages	ŀ	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (.f duts de carporate limits, write RURAL and give nearest town)
Pag Burs		write RURAL and give nearest town) Salisbury	Delmas
E 55 E	-{	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS C. A A STREET ADDRESS ON A FARM?
Filled paper hin 72		Peninsula General Hospital	304 Clesebelh AT. YES 1 NO D
4 TE	3	NAME OF Frst Middle	Last 4 DATE Manth Day Year
arbc	-	DECEASED TOPENTY HELEN TOPENSON	HURLEX DEATH JULY 24 1967
camplete ave carb y event, y	5 5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF B RTH 9 AGE (In years IFUNDER I YEAR FUNDER 24 HRS)  Manths Days Hours Myn
	F	EMALE WHITE WIDOWED DIVORCED DIVORCED	105, 28; 1871 15 yrs
O Brazilio		USUAL OCCUPATION (Give kind of work dane IOb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHP_ACE (County & Style, ar fareygn country) 12 CTT ZEN OF WHAT COUNTRY?
cian lease and i		pourewish In	Maryland
physic nen ple oval, c	13	FATHER'S NAME	14 MOTHER'S MAJORN NAME
g ph) Then movo		Leorage W. Vunnell	Honnah C Naglor
r rer	f S f Ye	WAS DECEASED EVER N. W. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, 18, na, or Jinknown) (If see give war or dates af service)	INFORMANT Address of - Mark
attendi permit. ian, ar r			eloved Vincent Welgner 1919.
Ms and		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
signed by the burial-transit burial, crema		IMMEDIATE CAUSE (a) Sul a actual IMMEDIATE CAUSE (a)	ord femonage 4 clays
유수무, 구구 구		DUE TO //	I - alak
igne ouric ouric		Conditions, if any, which gove the large to some conditions of the large constant of the	we is or less to
to b		stating the underlying cause DUE TO	vascular disease dor knos
icate has been for use as the Health priar to		lost. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY
has se a	NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	PERFORMED?
r ui	ICAT	201 DECEMBER HANDER VINCE THE PROPERTY HANDER WAS AND A SECOND HAND WAS AND A SECOND HOLD WAS AND A SECOND HOL	YES NO [N
certificate hed far u ot. af Heali	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
the che	CALC	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLAI	CE OF INJURY-(Hame, farm, 20f (City or town) (County) (State)
this deta e De	MED (	Haur a.m. While - Not While - factor	ary, street, office bidg, \$tc.)
After I be c		pm. 19 at wark at wark 21 1 certify that (I) (this hospital) attended the decoased from _	7/20/ 1967 to 7/24/1967 that (1) (we) last
he he		saw the deceased alive and 19 deceased in the deceased in the	t death accurred at // M, from causes and an the/date stated abave.
<b>5</b> 44		22a. SIGNATURE	22b. DATE SIGNED
3 d w		HHA I	D. ATTENDING DIRECTOR DIRECTOR PHYS.
dge dge		22c. PHYSICIAN'S	22d. ADDRESS
r, p		NAME (Type)	
FUNERAL DIRECTOR: After this certification, page 3 should be detached a should be filed with the State Dept. of	230	BURIAL, CREMATION, / 236 DATE THEREOF 230 NAME OF CEMETERY OR	EREMATORY 23d. LOCATION (City or Town) (County) (State)
「		Bures 7/27/67 Al, Slep	fons delmo buse Del
VR A15 (4)	24	FUNERAL DIRECTOR (X ) ADDRESS	250. REC'D RY REGISTRAR 1967 REGISTRAR'S SIGNATURE
20 M 1/66 V		Milliand 11 loves Delmis D	DATE JOL & O 1991

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 nours after death Page 4 may be retained by the haspital at attending physician.



TO HOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate be executed 19 24 hours after death. Page 4 Le retained by the hospital — attention — hysician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 7-62,

	MARYLAND STATE DI	EPARTMENT OF	F MEALTH	1	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTOR	N STREET, I	BALTIMORE 1,	MARYLAND
10263	CERTIFICAT	E OF DEATH			1626

1. PLACE OF DEA	TH THE		2. USUAL REBIDE	NCE (Where decoas		Residence before edmission)
a. COUNTY Wil	comi co	MARYLAND	• STATE Mar	yland	b. COUNTY Wi	comico
	l (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete	bmits, write RURAL a	nd give necrest town)
	lisbury			isbury		10/
	PITAL OR INSTITUTION (if not in he	ospital, give street eddress)	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?
	7 Camden Avenue		607	Camden Av	venue	YES NO X
3. NAME OF DECEASED (Type or print)	CARMEN	AGNES	HYNES	4. DATE OF DEATH	Month	Dey Year
5. SEX	0		. DATE OF BIRTH		July	10 1967 1 YEAR 15 UNDER 24 HRS.
Female	6. COLOR OR RACE 7. MARRI				is birthday) Months	Deys Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTR		unty & State, or fore	, , , ,	TIZEN OF WHAT COUNTRY?
done during most of t	vorking life, even if relired) trol Officer		B.W.I. We	st Indies		JSA
13. FATHER'S NAME		**	14. MOTHER'S MAIDE		,	-
Frank I.	Nobrega		Carmen De			
	EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	nrommant r. Michael	. Hynes	(Husband)	•
_No	0		07 Camden A			arvland
18. CAUSE OF	DEATH [Enter only one cause per	line for (a), (b), and (c).)				INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	Hensine he	tas take	Carci	our	ONSET AND DEATH
170	X DUE TO	11 /1.	3			5/400
Conditions, if e	ny, which 7 (b)	9 0 4as 1				144 2
gove rise to imme	DAIL TO	1				
(#), steting the	underlying					
Z PART II OTH	IER S GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY
20e ACCIDENT OR CONTRIBUTION OF EITHER, NOTI	graves.					PERFORMED?
206 ACCIDENT	WAS UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCURED	(Enter nature of injury a	n Pert I or Pert II of	tem 18 ]	
	FY MEDICAL EXAMINER) N	/A				
20c. TIME OF IN			CE OF INJURY (Home, fe ory, street, office bldg., e	orm, 20f (City or	fowr) (Co	unty) (Stote)
Hour e.m	and according	TO THE PARTY OF TH	/		1 ,	
21. I certify	that (I) (this hospital)/atte	haded the deceased from.	2/27/67	12 10	7/.10/67, 19	, that (I) (we) last
saw the dece	ased alive on !/ Ø/	67. 19 and that	death occurred at	3 AM, from the	e causes and on	the date stated above
220. SIGNATURI	1 0 -	£ 10.	ATTENDING PHYS TW		STAFF PHYS.	July // /1967
22c. PHYSICIAN	Ullam 1-3	market M	.D. PHYS M	DIRECTOR []	, mis.	out) // / 100/
NAME (Typ	el	P. Sadler, Jr.	Medica	1 Center,	Salisbury	, Maryland
	TION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or cout	(Stete)
Burial		7 Parsons Cemet	ery	Salisb	ury, Maryla	and
24 FUNERAL DIRECT		ADDRESS		EC'D BY REGISTRAF		
		ALISBURY, MARYL		JUL 12 1		ver judge



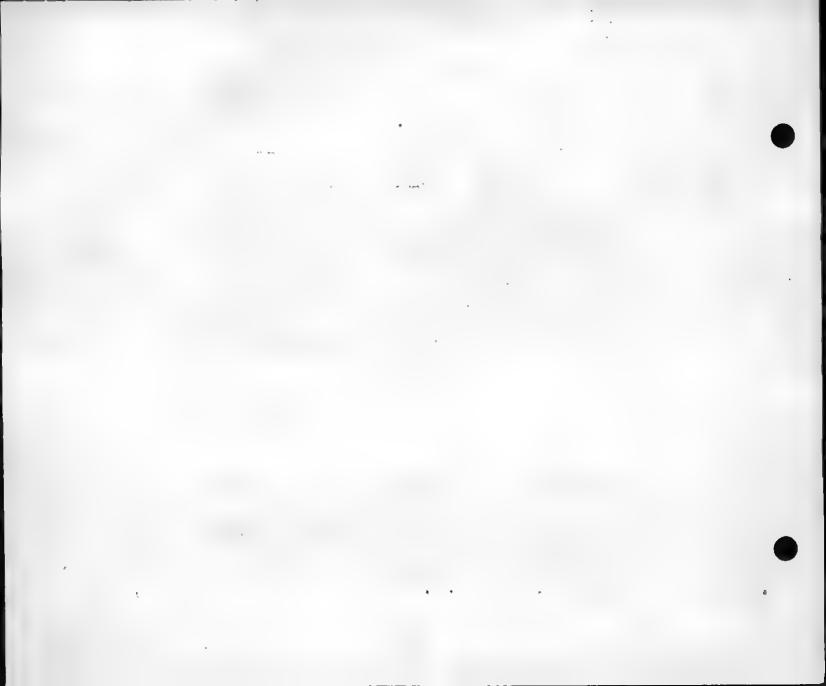
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CERTIFICATE OF DEATH

0288

TOMOR		CERTIFICAL	E OF DEATH		2 6 19 6 13
1 PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived, if institution	
o. COUNTY	icemice	MARYLAND	o STATE	b. COUNT	Queen Anne's
b CITY OR TOWN (If	autside carparate limits.	C LENGTH OF STAY IN 16	0.000	autside corporate limits, write RURA	
write RURAL and	give neorest town)	BMes.7Days		ntreville	,
		haspital, give street address)	d STREET ADDRESS	TOTCATTE	T e S RESIDENCE
	` ·	tate Hespital			ON A FARM?
NAME OF	Colt. P Money D	Middle	last	4 DATE Month	
DECEASED	T	Mark	Jacksen	OF	4
(Type or print)	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	Y 16 19 67  IF UNDER 1 YEAR   IF UNDER 24 HR
	01	VIDOWED DIVORCED	MA430,18	lost buthday)	Manths Days Hours Min
Female	(Give kind of work done	106 KIND OF BUSINESS OR		ty & State, ar foreign country)	12 CITIZEN OF WHAT
during mast of warking li		\INDUSTRY_	1.6()	O 1	SOUNTRY?
LADORER 13 FATHER'S NAME	2	CANNERY	14. MOTHER'S MA DEN		145.4
	1 11	'	0		
ENOC	n RUITT	14 FOCIAL COA (0.774 1/0		Johnson	
(Yes, no, or unknown)	If yes give wor or dotes of ser	16 SOCIAL SECURITY NO 220-01-8729	INFORMANT-SON	1 BIO MONROE STORES	
	ATH (Enter only are couse p		4625	Tret Vocales	DELAWARE NTERVAL BETWEEN
	H WAS CAUSED BY:	Construence of Con	mely a Paled	ie Metaetanie	ONSEL AND DEATH
17/18	IMMEDIATE CAUSE (a) _ DUE TO	To be a second s	LATY C LETAN	IC Mc oes oer To	J Tewns
Canditions, if ony	which nave 5	Evenephritis			?
rise to immediate		TO THE DATE OF THE PARTY.	-	- Part -	
stating the underl	ying couse (c)				
		RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION CIVEN IN PART 1(a)	I 19 WAS ALITOPSY
S I I WAR II OHIEK JO	MINICALLY CONDITIONS CONT.	MBOTHIO TO DEATH DOT HOT KEEPIED IN	THE TERMINAL DISEASE CO	SUBJUST STATES IN LYKE I(a)	19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS	INDEDIVING	206 DESCRIBE HOW INJURY OCCURRED	Lifetor pature of muon in	Part I as Part II of them 19 )	YES NO [
OR CONTRIBUTING D	CAUSE OF DEATH	200 DESCRIBE HOW HASON OCCURRED	CENTER HORDING OF HILITAN	Truit to real it of liest to )	
T LUF BUITEK NUTIES AS	RY Month, Day, Year	20d INJURY OCCURRED 20e P	ACE OF INJURY (Hame, for	rm, 20f (Cty ar town)	(County) (State)
20c TIME OF INJUI		While Nat While for	ictary, street, affice bldg , etc		(consty) (Store)
p.m.	19		1.75 6.767	10 2/16/64	
		1) attended the deceased fram_ 16/67 19 and the	11/16/01 ,	19ta	, 19, that (I) (we) I
220 SIGNATURE	ceased plive an 72	19, and th	at dedth affatted a	1 1 - 2 2 FAM Itam (anzez al	nd an the date stated about
220 SIGNATURE	W- III	alother.	A.D. PHYS.	MED STAFF DIRECTOR PHYS.	July 16, 196?
22c. PHYSICIAN'S			22d. ADDRESS	DIRECTOR CLE 11177	1 001 101
NAME (Type)	L. Maldy	re, M. D.	Deer's He	adStateHespital	,Bex2018,Salisb
23o. BURIAL CREMATION	L 23b DATE THEREO	F 23c NAME OF CEMETERY O		23d. LOCATION (City or Town	
- PEMOVAL (Specify)		A /	1	1/1 .1 1/1	DDG Md
M FUNERAL DIRECTOR		ADDRESS	2Sa REC	BY REGISTRAR 25b REGI	ISTRAR S SIGNATURE
Amil H. Bar	toda Barto	from Centreville MI	,		
1 1 1 / //		300 Chesterfie Bror Centientle M	d CENETER 250 REC ), 21617 DAJU	BY REGISTRAR 256 REG	Q.A.Co. MC

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and camalgrely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carried pages. Pages I and VR A15 (4) 25M 1/67

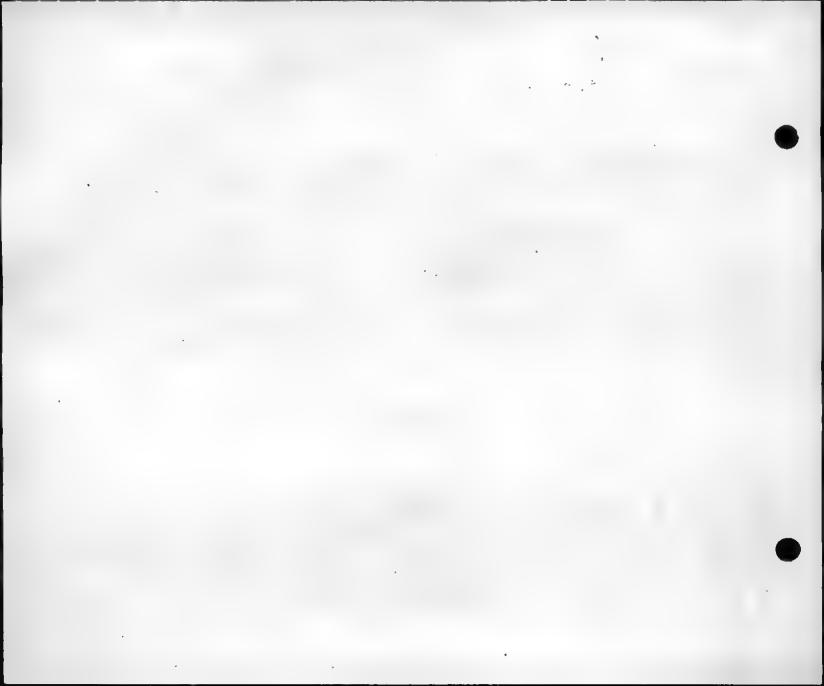


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_\1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
1	G. COUNTY Wicomico	a. STATE b (OUNTY 1// =
E I	WICOMITCO WARY, AND	114 Muemes
4	b CITY OR TOWN (If autside carparate limits,	c CITY OR TOWN (If gotside carparate limits, write RURAL and give nearest tawn)
П		C CTT OK TOWN (II OUTSIDE OUTSIDE MONTS, WHITE KOKAL ONG GIVE HOUSE I TOWN)
1	Switch RHR B Did give pearest town)	almer 221
Г	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS  ON A FARM?
	Peninsula General Hospital	YES NO FET
L		
3	NAME OF First Middle	tost 4 DATE Manth Day Year
	(Type or print)   SETTY   10015E =	Sowell DEATH - 44/4 3/ 1967
5	SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years   IF JNDER 1 YEAR   IF UNDER 24 HRS
1	pnele wildowed Divorced	July 16, 1929 38 ris months bays hours min
1	a USUAL OCC. PATION (Give kind of work done 10b K ND OF BUSINESS OR	THE THE LACE (County & State, or foreign country) 12 CITIZEN OF WHAT
d	ting most of working le, even if retired INDUSTRY/fme	COUNTRY? U.S.
		<u></u>
1	3. FATHER'S MAME / / A	14. MOTHERS MAIDEN NAME
П	Million on 13 781, MA	Cithagan a Mileholy
H	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address
L		INT OKMANI AGGIESS
Ľ	res, na, ar unknawn) (11 yes give war ar ares ar service) 213-22-7876	
===	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	C. D. INTERVAL BETWEEN
П	DADY A DEAYER WAS CA SED DV.	The state of the s
П	IMMEDIATE CAUSE (0) Temon hage from	m ruplured asoprageal war as mins
L	DUE TO	
L	Conditions of many subjets many )	- liver- Not known
	rise to immediate couse (a)	
	stating the underlying cause DUE TO	la l
ш	last (d) Invonte	LEE LIQ 112m.
L		THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (G)
CEDTIEICATION		YES NO DA
2	20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part It of item 18.)
Ē	OR CONTRIBUTING CAUSE OF DEATH	forms mainte or sulphy servant to a rate is an east 1807
۲	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
BARBICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	(E OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State)
5	Hour a.m. While Not While fact	tary, street, affige bldgy, etc.)
-	p.m. 19 at work U at work U	-11121 (-)
П	21. I certify that (1) (this haspital) attended the deceased from_	//3 / 19 //to // 19 //that (1) (we) las
П		it death/accurred at 5/55 p.M., from causes and on the date stated above
П	22g SIGNATURE	22b DATE SIGNED
П	220 SIGNATURE	ATTENDING MED. STAFF
	M.	
П	22c, PHYSICIAN S	22d. ADDRESS
Н	NAME (Type)	
L		
2	30 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMPTERY OR	CREMATORY 23d LOCATION (City or Town) () (County) (State)
	REMOVAL (Specify) 8/3/67 St. Sleph	ony oms definer duret Del.
-	Barrer 1 010	250. REG'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE
	24. FUNERAL DUPLECTOR ADDRESS	
	III I as A VVI. MATTER A Selection of	A V Jam AUG 3 1967 Mcliantes Inage

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been standed by the attending physician and commeterly fulled in by the funeral



1		Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESIUM SIKEEI,	BALIIMUKE, MARTLAI	ND 21201
		10266	CERTIFICATE	OF DEATH		10265
		LACE OF DEATH  O. COUNTY	MARYLAND	2 USUAL RESIDENCE (When	e deceosed ived, if institution b COUNTY	Res dence before admission)
Ì	I	CONT.CO  CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	C. CITY OR TOWN (If ourside	e corporate limits, write RURAL	ond give neorest town)
	Ţ	NAME OF HOSP TAL OR INSTITUTION (If not in h		d. STREET ADDRESS	rel	e S RES DENCE ON A FARM? YES NO DEP
ŀ		AME OF SECENSED (First SECENSED) (Type of Dint)	Middle/	lost 4.	DATE TO Month	4 Doy Year
	5	MALE NEGRO W	ARRIED NEVER MARRIED 8	DATE OF BIRTH		FUNDER I YEAR FUNDER 24 HRS. Anniths Doys Hours Min
	ต์มrı	usual Occupation (Give kind of work doneing most of work ng itte, even fretired)	10b KIND OF BUSINESS OR INDUSTRY	11/8IRTHPLACE (County & Sto	md	12 CITIZEN OF WHAT COUNTRY?
	13.	Joshua Johns	on	14. MOTHER'S MAIDEN NAM	Johnson	
	IS. (Ye	WAS DECEASED EVER IN J.S. ARMED FORCES? s, no, or unknown) (If yes give war or dotes of serv	te) 16 SOCIAL SECURITY NO. 17 IN	MCKINLEY	Johnson W	lashington D.C.
		18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (of. (b), and (c))  are are are a constant	· pura	undeturent.	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove (b)				
		stoting the underlying couse total (c)				
,	CATION	PART I OTHER SIGNIFICANT CONDITIONS CONTR	-tz.			19 WAS ALTOPSY PERFORMED? YES HO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20%/ DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port	l or Port II of Item 18.)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour a m. p m. 19		E OF INJURY (Home, form, ry, street, office bldg , etc )	20f (City or town)	(County) (State)
		21. I certify that (1) (this haspital saw the deceased alive an	attended the deceased fram 7-2 1967, and that		M, from couses an	_, 19 <u>67</u> , that (I) (we) last d an the date stated above
İ		220. SIGNATURE D. W.	Jane MD	11113 - 2111	O. STAFF PHYS.	22b. DATE SIGNED 7-7-6)
		22c. PHYSICIAN'S NAME (Type)	W 1000	1 67		SBUAL.
	230	BURIAL, CREMAT ON, 23b DATE THEREOP REMOVAL (Specify) 7 5 6	23c NAME OF CEMETERY OR C	REMATORY Md. CEM.	23d. LOCATION (City pr Fown)	md
	24	Fulloy E. Wa	no Confell M	DATE 250. REGIO BY	REGISTIAN 196766 REGIS	PRAR'S SIGNATURE

Page 4 may be retained by the haspital ar ornenaing physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 20 M 1/66 K

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10267 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o COUNTY b. COUNTY Wicomico rely filled in by the fun-ban papers. Pages 1 , within 72 hours after Maryland MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (f outside corporate limits, c CITY OR TOWN (I autside carparate mm.ts, write RURAL and give nearest tawn) Salisbury Aberdeen, d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS 2909 Garden Drive Peninsula General Hospital completely fi 3. NAME OF Middle Lost 4. DATE Month DECEASED (Type or print) (Baby Boy eyent, DEATH 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED XX 9. AGE (In years remaye last birthday) July 9, 1967 and in any MALE WIDOWED DIVORCED. and 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician c during most of working life, even if retired) INDUSTRY Wicomico County, Maryland 14. MOTHER'S MAIDEN NAMI 13 FATHER S NAME burial, crematian, or remayal, attending phys permit. Then p Bernard Kayes Michelle (Unk 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANI Address permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the bur al-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave

> last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 200 ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour a.m.

20c TIME OF INJURY Month, Day, Year

nse to immediate cause (a),

stating the underlying couse

20d INJURY OCCURRED

at work

Nat While at wark

20e PLACE OF INJURY (Home, form, factory, street, office bldg . etc.)

205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18)

PHYS.

M.D.

(City or town)

(Stote) (County)

, 1967, that (I) (we) last

Harford

YEAR

Days

12 CITIZEN OF WHAT

COUNTRY?

IF UNDE

Months

e IS RESIDENCE ON A FARM?

NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND, DEATH

19 WAS AUTOPSY PERFORMED?

NO 🕞

YES

21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on, 220 SIGNATURE

22c. PHYSICIAN'S

Dr. D. G. Anderson

(b)

DUE TO

22d. ADDRESS Medical Center, Salisbury, Maryland

MED. DIRECTOR

19 6 ], and that death occurred at 1/3 M, from couses and on the date stated above

STAFF PHYS.

22b. DATE SIGNED Jul v

NAME (Type) 23a BURIAL, CREMATION,

3

WED

23h DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Parsons Cemetery

1967

23d LOCATION (City or Town) Salisbury, Maryland

(Stote)

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After

The law requires that the death certificate be executed within 24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.

prior to has been

After this certificate has the detached far use as State Dept. of Health p

director, page 3 should should be filed with the REMOVAL (Specify) July 12,1967 Burial 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

250 REC'D BY REGISTRAR 196

256 REGISTRAR'S S. GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1026	8
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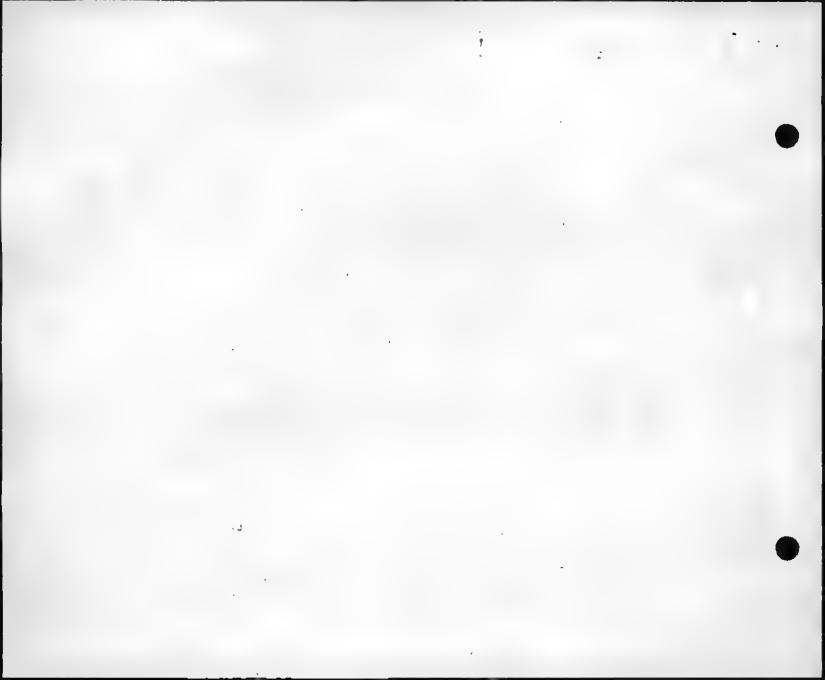
## CERTIFICATE OF DEATH

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t	10		6	

			H 2 HOLLAL DECIDENCE DATE.	re deceased lived, if institution-	Decidence before admi	(cons
1	PLACE OF DEATH		I Z. USUAL RESIDENCE LIVINE		Kezidetice Delote nditti	1310:11
	a. COUNTY		o. STATE	b. COUNTY		
	Wicorico	MARYLAND	Maryla		Wicomico	
	CITY OR TOWN (If outside carparate imits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autsid	e carparate timits, write RURAL	and give nearest town	
	write RURAL and give nearest town)		Powe 11	ville		
	WALLS DUTY  d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, a	un stenet orbitate)	d STREET ADDRESS		l e IS RE	SIDENCE
	A MAME OF HOSP IAL OK INSTITUTION (IT NOT B) HOSPBUR, G	AA 24 AG GOOL GOOL G22 )	d SIKEEL MODIKESS		ON A	FARM?
	Peninsula General Ho	ospital			YES	NO
3	NAME OF First	Midd e	ost 4	DATE Month	Ogv	Year
	DECEASED		6 / 11	OF /	(7)	/
_	(Type or print) JOHN	EDWARD	Kelly	DEATH JULY		967
	SEX 6 COLOR OR RACE 7 MARRIEO	NEVER MARRIEO	8 DATE OF WIRTH			S T Min.
N	ale White WIDOWED	OLYORGEO T	July 9, 1887	last b rthdoy) M	anths 20gys Hour	2 [#3][1,
	HIC INIII C	NO OF BUSINESS OR	11, 8IRTHPLACE (County & S		12 CITIZEN OF WHAT	
uu Lin		DUSTRY	11, BIKTHPEACE (COUNTY & 3	die, or laieign coomy)	COUNTRY?	
Ř	etired Barber	20170	Sussex Coun	ty. Delaware	USA	
	FATHER S NAME		14. MOTHER'S MAIDEN NAM			
1	ahn Kallu		Clim Minlow			
	ohn Kelly	~2	Ellen Nickm			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 5	SOCIAL SECURITY NO 17 7	INFORMANT .	Kelly (Wife)		
<b>(</b> ₹€	s, no ar unknown) (If yes give wor or dates of serv.(e)	19-17,400	ellville, Mar	vland (Wite)		
			CITALLIE Mai	y rand	T INTERVAL	DETIMEEN
		(n) (b) and (c))			INITERVAL	SETABLEM
	18. CAUSE OF DEATH (Enter only one cause per line for	(a) late and (a).)				
	PART I. DEATH WAS CAUSED BY:		ouia		ONSET ANI	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	onchopreum	onia			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		ouia			
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a)  DUE TO  Conditions, if any, which gave  circle to immediate cause (a)  (b)		ouia			
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave (b)  rise to immediate cause (a),		onia			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Canditions, if any, which gave rise to immediate cause (o), stoling the underlying cause		ouia			
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  (c)	onchapneum		TION CIVEN IN DADT 1(a)	ONSET ANI	D DEATH
UNE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Canditions, if any, which gave rise to immediate cause (o), stoling the underlying cause	onchapneum	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	ONSET ANI	LTOPSY RMED?
Allun	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO		ION GIVEN IN PART 1(a)	ONSET ANI	LTOPSY RMED?
PICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE CONDITIONS CONTRIBUTING TO CON	onchapneum	THE TERMINAL DISEASE CONDIT		ONSET ANI	LTOPSY RMED?
ERTERIOR	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave is to immediate cause (o), stoling the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH	O DEATH BUT NOT RELATED TO  15 RENO!  SCRIBE HOW INJURY OCCURRED.	THE TERMINAL DISEASE CONDIT		ONSET ANI	LTOPSY RMED?
L CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  COO ACCIOENT WAS UNDERLYING I  OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O DEATH BUT NOT RELATED TO  15 REMOLE  SCRIBE FLOW INJURY OCCURRED.  N/A	THE TERMINAL DISEASE CONDIT	t Lar Part 11 of Hem 18.)	ONSET ANI	LTOPSY RMED? NO
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  20a ACCIOENT WAS UNDERLYING   20b OE: OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME, OF INJURY Month, Ooy, Year 20d In	O DEATH BUT NOT RELATEO TO  1.5 RENOL  SCRIBE HOW INJURY OCCURRED.  N/A  JURY OCCURRED 200, PL.	THE TERMINAL OISEASE CONDITE  Failure (Enter noture of injury in Par		ONSET ANI	LTOPSY RMED?
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  RECLUMA TO A  200 ACCIOENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Ooy, Year Hour a.m. 200 IN	O DEATH BUT NOT RELATED TO  1-5 Rend  SCRIBE HOW INJURY OCCURRED  N/A  JURY OCCURRED  Not While  Not While	THE TERMINAL DISEASE CONDIT	t Lar Part 11 of Hem 18.)	ONSET ANI	LTOPSY RMED? NO
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  RECLUMA TO A  20a ACCIOENT WAS UNDERLYING T OR CONTRIBUTING TICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. p m 19  20d White at work	O DEATH BUT NOT RELATED TO  4.5 Reual SCRIBE HOW INJURY OCCURRED. N/A  UURY OCCURRED of Work	THE TERMINAL DISEASE CONDITED TO	t I ar Part (1 of item 18.)  20f (Cety as town)	ONSET ANI  19 WAS A PERFO YES   (County)	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  RECLUMA TO A  20a ACCIOENT WAS UNDERLYING T OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. p m  19  21. I certify that (I) (this hospital) attended	O DEATH BUT NOT RELATEO TO  15 Reval  SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED  OT WORK  OT HOW While  of the deceased from Secretary	THE TERMINAL DISEASE CONDITION  Taifurs  (Enter noture at injury in Parance Of INJURY (hame, farm, tory, street, office bldg, etc.)	20f (Cdy as town)	ONSET ANI  19 WAS A PERFO YES   (County)	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  RECLUMA TO A  20a ACCIOENT WAS UNDERLYING T OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. p m  19  21. I certify that (I) (this hospital) attended	O DEATH BUT NOT RELATEO TO  15 Reval  SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED  OT WORK  OT HOW While  of the deceased from Secretary	THE TERMINAL DISEASE CONDITION  Taifurs  (Enter noture at injury in Parance Of INJURY (hame, farm, tory, street, office bldg, etc.)	t I ar Part (1 of item 18.)  20f (Cety as town)	ONSET ANI  19 WAS A PERFO YES   (County)	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  RECLUMA TO A  20a ACCIOENT WAS UNDERLYING T OR CONTRIBUTING TICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. p m  19  21. I certify that (I) (this hospital) saw the deceased alive an Sure of Sure o	O DEATH BUT NOT RELATEO TO  15 Reval  SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED  OT WORK  OT HOW While  of the deceased from Secretary	THE TERMINAL DISEASE CONDITION  Taifurs  (Enter noture at injury in Parameter of INJURY (hame, farm, clory, street, office bldg, etc.)  Tune 26, 19  at death occurred at 7	20f (Cdy as town)  27, ta 30 ly 8  M, from causes and	ONSET ANI  19 WAS A PERFO YES   (County)	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  20a ACCIOENT WAS UNDERLYING   20b OE. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. p m 19 at work 21. I certify that (I) (this hospital) attends saw the deceased alive an 242 22a. SIGNAURE)	O DEATH BUT NOT RELATED TO  1'S Renal SCRIBE Flow INJURY OCCURRED.  N/A  JURY OCCURRED to at wark to at wark to 1967, and the	THE TERMINAL OISEASE CONDITE  Failure  (Enter noture at injury in Paratory, street, office bldg, etc.)  Tune 26, 19-  at death occurred at 7  ATTENDING ME	20f (City or town)  27, to 30, (8	(County)  19 WAS A PERFO YES   (County)  19 67, that (I) d on the date star 22b. Date signed	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Coy, Year Hour a.m. pm 19 at work  21. I certify that (I) (this hospital) attends aw the deceased alive an Day 122a. SIGNATURE	O DEATH BUT NOT RELATED TO  1'S Renal SCRIBE Flow INJURY OCCURRED.  N/A  JURY OCCURRED to at wark to at wark to 1967, and the	THE TERMINAL DISEASE CONDITED TO	20f (Cdy as town)  27, ta 30 ly 8  M, from causes and	ONSET ANI  19 WAS A PERFO YES   (County)  19 67, that (I) d on the date star	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o), stoting the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. pm 19 white at work  21. I certify that (I) (this hospital) attends saw the deceased alive an Cause Cause 22a. SIGNAURE)  22c. PHYSICIAN'S	O DEATH BUT NOT RELATED TO  A'S Renal SCRIBE HOW INJURY OCCURRED.  N/A  UURY OCCURRED to at wark to at wark to 1967, and the	THE TERMINAL DISEASE CONDITED TO	20f (City or town)  27, to 30, (8	(County)  19 WAS A PERFO YES   (County)  19 67, that (I) d on the date star 22b. Date signed	LTOPSY RMED? NO (Stote)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Coy, Year Hour a.m. pm 19 at work  21. I certify that (I) (this hospital) attends aw the deceased alive an Day 122a. SIGNATURE	O DEATH BUT NOT RELATED TO  A'S Renal SCRIBE HOW INJURY OCCURRED.  N/A  UURY OCCURRED to at wark to at wark to 1967, and the	THE TERMINAL DISEASE CONDITED TO	20f (City or town)  27, to 30, (8	(County)  (County)  (On the dote stored to the control of the cont	LTOPSY RMED? NO (Stote)
MEDICAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoling the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  CODA ACCIOENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. pm 19 While at work  21. I certify that (I) (this hospital) attends saw the deceased alive an Cause of the control of t	O DEATH BUT NOT RELATEO TO  15 Renal SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED  OT WORK  1967, and the	THE TERMINAL DISEASE CONDITION  Failurs  (Enter noture at injury in Parameter of Injury (hame, farm, story, street, office bldg, etc.)  Tune 26, 19  at death occurred at 7  ATTENDING ME OII  22d. AODRESS  PLAS BL	20f (Cety ar town)  20f (Cety ar town)  27, ta 30, (y 8  49, M, from causes and  D. STAFF  RECTOR D STAFF  PHYS D	(County)  19 WAS A PERFO YES   (County)  19 67, that (I) d on the date star 22b. Date signed 7-8-67	LTOPSY NO (Stote)  (Stote)
MEDICAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  COO ACCIOENT WAS UNDERLYING CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. pm 19 attends at work 21. I certify that (I) (this hospital) attends at work 22a. SIGNALURD  22c. PHYSICIAN'S NAME (Type) Dr. Thomas C. H	O DEATH BUT NOT RELATED TO  AS Reual SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED of work  1967, and the	THE TERMINAL DISEASE CONDITED TO THE TERMINAL DISEASE CREMATORY	20f (Cdy ar town)  20f (Cdy ar town)  27, ta 32 (y 8  29 M, from causes and 20 PHYS PHYS  28d LOCATION (City ar Town)	(County)  19 WAS A PERFO YES   (County)  19 67, that (I) d on the date star 22b. DATE SIGNED 7-8-67  (County)	LTOPSY RMED? NO (Stote)
23c	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoling the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  A VALUE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. 19 White at work  21. I certify that (I) (this hospital) attends saw the deceased alive an Day 22a. SIGNAURE  22c. PHYSICIAN'S NAME (Type) Dr. Thomas C. H  BURIAL (REMAI ON, REMOVAL (Specify) BULL 1 al. 1967	O DEATH BUT NOT RELATED TO  15 Reual SCRIBE HOW INJURY OCCURRED N/A  BURY OCCURRED Otwark 1987, and the	THE TERMINAL DISEASE CONDITED TO THE TERMINAL DISEASE CREMATORY  EMPLOY OF THE TERMINAL DISEASE CONDITED TO THE TERMINAL DISEASE TO THE TERMINAL DISEASE TO THE TERMINAL DISEASE CREMATORY  EMPLOY OF THE TERMINAL DISEASE CONDITED TO	20f (Cdy ar town)  20f (Cdy ar town)  27, ta 30 ly 8  29 M, from causes and  28 Poad Sol  28 to Cation (Cdy ar lown)	(County)  19 WAS A PERFO YES   (County)  1967, that (I) d on the date star 22b. DATE SIGNED 7-8-67  (County)  Maryland	LTOPSY NO (Stote)  (Stote)
230	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  ZOO ACCIOENT WAS UNDERLYING TO RECONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Ooy, Year Hour a.m. pm 19 attended to work  21. I certify that (I) (this hospital) attended saw the deceased alive an Survey 22a. SIGNAURE  22c. PHYSICIAN'S NAME (Type) Dr. Thomas C. I	O DEATH BUT NOT RELATED TO  AS Reual SCRIBE HOW INJURY OCCURRED  N/A  UURY OCCURRED of work  1967, and the	THE TERMINAL DISEASE CONDITED TO THE TERMINAL DISEASE CREMATORY	20f (Cdy ar town)  20f (Cdy ar town)  27, ta 30 ly 8  29 M, from causes and  28 Poad Sol  28 to Cation (Cdy ar lown)	(County)  19 WAS A PERFO YES   (County)  19 C7, that (I) d on the date star 22b. DATE SIGNED 7-8-67  (County)  Maryland TRARS SIGNATURE	LTOPSY NO (Stote)  (Stote)

TO HOSPITAL DR ETTENDING EHYSICIAM: The law requies that the death certificate be executed within 24 hours after death. Med in by the funeral papers. Pages I and think? I hours after death TO FUNITAL DIRECTOR: After this certificate has been signed by the attending #hysician and campletely director, page 3 should be detached for use as the burial-transit permit. Then please remave carbot should be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, when the state Dept. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		10269 CERTIFICATE O	F DEATH	10258
he funeral ges I and after death			USUAL RESIDENCE (Where deceased In	ved, if institution. Residence before admission)
Par S		Salisbury / day	Harwood	n ts write RURAL and give nearest town)
pope in		Peninsula General Hospital	STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO X
305		OECEASED (Type or print) LU/d	Last 4 DATE OF DEATH  ATE OF BIRTH 9. AG	Manth Day Year  2 19 6 7  15 (In years   IF UNDER 1 YEAR   IF UNDER 24 MRS
sician and completely please remove carbo il, and in any event, w	F	Female hinte WIDOWED D VORCED FC		st birthday) Months Days Hours Min.
please	dar	uring most af working life, every fretired)  NUVSES ALA HOSPITAL	MOTHER'S MAIDEN NAME	COUNTRY?
permit. Then properties of the	15.	UALACE B. MORCLAND  15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFOR	RMANT	erson Address Harwood Nd.
the attendu isit permit. mation, ar re	-	(Yes, no, or unknown) If yes give wor ar dates of service) 212 - 3 2-2367-A MRS A  18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c))*  PART I. DEATH WAS CAUSED BY:	, , , , ,	INTERVAL BETWEEN
signed by burial-trar burial, crei		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse	elly's fearl	School Constitutions
rificate has been at far use as the of Health prior to	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
er this certificate has e detached far use a ate Dept. af Health pr	L CERTIFICATION	206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206 DESCRIBE HOW INJURY OCCURRED. (Enter		
er this cert e detached ate Dept. a	MEDICAL	p.m. If drwark a drwark a	treet, affice bldg , etc.)	ty ar town) (County) (State)
OR: Aff		21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 19 and that deceased signature	ath occurred at 10 M, fr	m causes and an the date stated abave
TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.		22c. PHYSICIAN'S	ATTENDING MED. PHYS DIRECTOR D 22d. ADDRESS	STAFF D -/- 28-67
FUNERA rector, p	230	NAME (Type)  130. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR FREM.  25c. NAME OF CEMETERY OR FREM.	1 . 1 /	ON (City ar Town) (County) (State)
2 T T T T T T T T T T T T T T T T T T T	24	DEMOVAL (Specify)  TULY 31 (867) 4+ 2,04  24 FUNERAL DIRECTOR  TO HODDIGATE. Galaxie De W. 1)	2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE 1967 KCharles Quesar

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



20M 5 d3



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10271	CERTIFICATE	OF DEATH	-4	22"0
	E OF DEATH		2. USUAL RESIDENCE (Where deceased		e befare admission)
0 (0	Wicomico	MARYLAND	MARYLAND	b COUNTY.	m.Co
b CIT	Y OR TOWN (If auts de carparate limits, ute RURAL and give neorest tawn) SALISOURY	c LENGTH OF STAY IN 16	CCITY OR TOWN (If lautside carparate	limits, write RURAL and give	nearest (awn)
d NA	ME OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street address)	d STREET ADDRESS		e 15 RES DENCE
	Peninsula Genera	l Hospital	Pene St. 13	of 184	YES NO
3. NAMI DECE	ASED AA _	Middle	Lost 4 DATE OF	Marth	Doy Year
S SEX	6 COLOR OR RACE 0 7 N	AARRIED NEVER MARRIED 18	DATE OF GIRTH 9	AGE (In years) IF UNDER 1	13 1967 YEAR LIFUNDER 24 HRS
Fer	male Negro W	DIVORCED T	9-1-1894	last birthday) Months	Days Hours Min
	AL OCCUPATION (Give kind of work dane ost of working life, even if retired)	106 K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or fare		IZEN OF WHAT
13. FATE	TER'S NAME		14. MOTHER'S MAIDEN NAME	>	
7	nuck Wais	retright	mary!		
	or unknown) (If yes give war or dates at serv		elen Jones J	morata We	Salin Mg
18	CAUSE OF DEATH (Enter only one couse per PART   DEATH WAS CAUSED BY	line for (a), (b), and (c)	770 1		NTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	Repro	14 tombre		5 weeks
	DUE TO				
	ditions, if any, which gave } (b)				
	ing the underlying couse DUE TO				
lost.		TOT OTTAIN TOU THE HEAD OF SHITHE	HE TERMINAL DISTACE COMPUTION OF VEN	1M DADT 1/-)	I 9 WAS AUTOPSY
NO PAK	TIL OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT KELATED TO I	THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(0)	PERFORMED?
OR (	ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH OTHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in Part I or Part I	f of item 18.)	
WEDICAL 20r	FIME OF INJURY Month, Day, Year Hour a.m. 19	20d INJURY OCCURRED 20e PLAC While Not While focts at work of work	E OF INJURY (Home, form, 20f ory, street, affice blag., etc.)	(City or town) (Cou	inty) (State)
	21. I certify that (I) (this haspital	) oftended the deceased from	, 19 <sup>2</sup> / <sub>2</sub> , to	///3,19	6, that (1) (we) las
	saw the deceased alive on	4/3 19/67, and that	death occurred at 12 3 M,	from causes and on th	
220	SIGNATURE STORY	- louve M.D	ATTENDING MED MED DIRECTOR C	STAFF 22b DA	ATE SIGNED
220	PHYSICIAN'S NAME (Type) DAVID J. C.	SILMORE	Me DICAL Ce	UTER, SALI.	sbuey, md
230 B.J	RIAL, CREMATION, 23b. DATE THEREOF	67 PAME OF CEMETERY OR C	REMATORY 23dy 10CA	ATION (City or Town)	(County) (State)
24 rFUN	HERAL DIRECTOR	ADDRESS 1	250 REC'D BY REGISTRAI	25b BEGISTRAR'S SI	GNATURE
The	Ma 3 Dalin Leine	The state of the	TLEY DATE UL 20 19	961 Janes	en Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye forban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and in any eyent with if 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Beath certificate be emecuted within 24 haurs miter Page 4 may be retained by the haspital ar attending physician.

VR A15 [4] 7 20 M 1/66

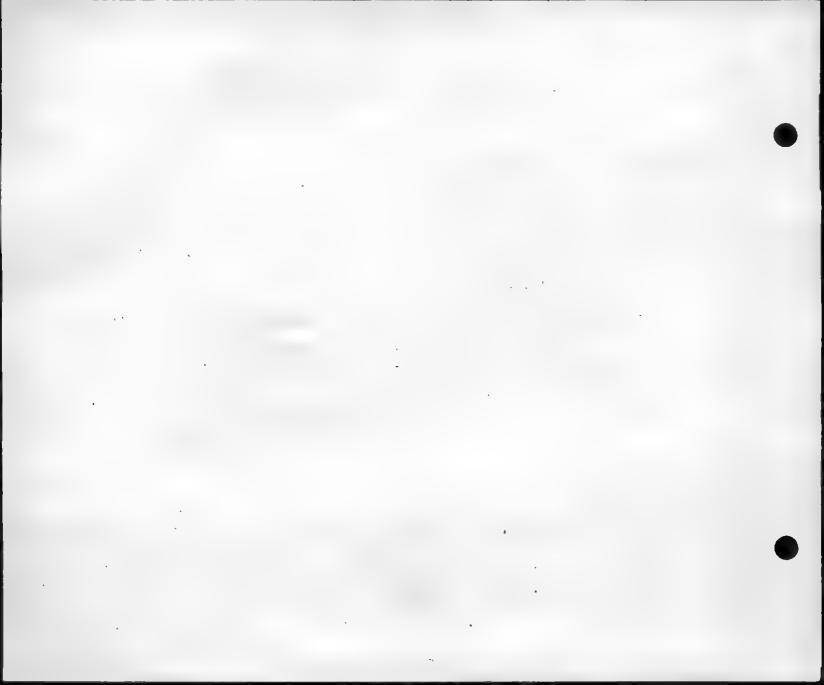


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH e executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY Wicomico MARYLAND -ayeTTe CLENGTH OF STAY IN 16 c CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits. ban papers. Page /within 72 hours a write, RURAL, and give nearest town) Salisbury Mantown .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS b IS RESIDENCE ON A FARM? filled Peninsula General Hospital YES NO 🏕 Pan P NAME OF Middle Lost 4 DATE Молth Doy Year DECEASED OF 19 6-(Type or print) DEATH car AGE (In years 1F LINDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Dovs Hours WIDOWED DIVORCED 12. C T ZEN OF WHAT KIND OF BUSINESS OR E COUNTRY? please during meet of working life, even if retired) INDUSTRY physician The law requires that the Beath certificate School Cacher Tannsylvan 13. FATHER'S NAME signed by the attending physic burial-transit permit. Then pl burial, cremation, ar removal, reeman Sharpnack IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO INFORMAN1 (Yes, no. or unknown) ((If yes give war or dates of service) Snow Hill 18. CAUSE OF DEATH (Enter only one couse per line for (a), ond (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse prior tal has been last. WAS AUTOPS PERFORMED PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION for use Health p NO this certificate 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached f should be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) 20c TIME OF INJURY Month, Dov. Year (City or town) foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deseased from to and that death occurred at 455 M. from couses and an the date stated above. saw the seceased olive an 22o SIGNATURE ~ PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BUR AL, CREMATION LOCATION (City or Town) DATE THEREOF REMOVAL (Specify)

BY REGISTRAR

256 REGISTRAR S S GNATU

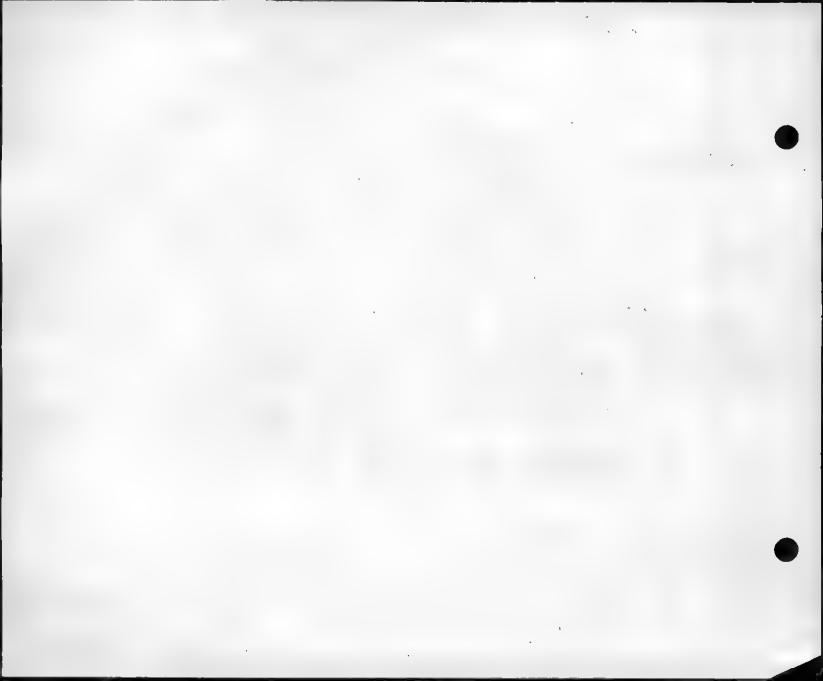
VR A15 (4) . 20 M 1/66 24 FUNERAL DIRECTOR



	MAKILAND STATE DEP	AKIMENI UT HEALIH	
TO DE Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND	21201
10273	CEDTIEICATE	OF DEATH	10000

			CERTIFICATE	OI DEATH		UALL
		PLACE OF DEATH			e deceased lived, if institution. Reside	ence before admission)
-	0	. COUNTY Wicomico	MARYLAND	a. STATE / VICE.	P COUNTY 25	omierset
	Ŀ	CITY OR TOWN (If autside corporate imits, write RURAL and give neares) town)	c LENGTH OF STAY IN 16	C CATY OR TOWN (If outside	camprate/highits, write RURAL and g	ve nearest fawn)
		Salisbury		Marion	stallon 19	7.
50	0	i. NAME OF HOSPITAL OR INSTITUTION (If not in ho	sp tal, give street address)	d. STREET ADDRESS		e 15 RESIDENCE ON A FARM?
1		Peninsula General	Hospital	1		YES NO
1		NAME OF CASED	Middle Aa	Last 4	DATE Month	Day Year
	(	Type or print) Cecree	E. IIIAI	VUEL	DEATH JULY	10 1967
	5 5	11-000	IRRIED NEVER MARRIED	DATE OF BIRTH / 808	9 AGE (In years FUNDE Jast birthday) Months	R I YEAR   IF UNDER 24 HRS   Days Hours Min
	1	THE PARTY	OOWED D VORCED C	EC,6) 1010	68 yrs	
			10b, KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto	172	COUNTRY?
		ng most of warking life, even if refired) Ker		7 17 - 1 1 - 1 1 - 1	rch, Va.	16014
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	tocklex	
	16	//ea / lax		7,00		
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, new prunknown) (If yes give war or dates of service	16 SOCIAL SECURITY NO 17. II	NEORMANT MA	nue Marie	n Star, Md.
		NO.		1011116/11	778001 77701712	T INTERVAL BETWEEN
		<ol> <li>CAUSE OF DEATH (Enter only one cause per 1 PART I. DEATH WAS CAUSED BY:</li> </ol>	line far (a) (b), and (c).)	0 =		ONSET AND DEATH
		16 3× IMMEDIATE CAUSE (a)	Cheropon all	7 (3)		
		Conditions, if any, which gave ) (b)	netertan	1. Line		1 . 1769
		rise to immediate cause (a), stating the underlying cause DUE TO				
		last. (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	AT ON					YES NO
	TE:CAT		205. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part	f or Part II of item 18.)	
	L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year		CF OF INJURY (Hame, form,	20f. (City or town) (C	(State)
	8	Hour a.m. p.m.	While Not While factor	ory, street, affice bldg., etc.)		
		21. I certify that (I) (this hospital)		6/6,190	//to ///- , 19	that (1) (we) last
		saw the deceased olive on	7- / 19 <u>6</u> , and that	t death occurred at 14		the dote stoted obove.
		22a SIGNATURE		ATTENDING MEC	STAFF	DATE SIGNED
		22c. PHYSICIAN'S	in and M.D	PHYS Last DIRI	FCTOR LJ PHYS. LJ	/ 2 0 1
j.		NAME (Type)	WTILLS	223. 110011200		
4	23a	BURIAL CREMATION. 236 DATE THEREOF	23c. NAME OF CEMETERY OR S	CREMATORY	23d. (LOCATION (City or Town)	(Caunty) (State)
11	K	BREMOVAT (Specify) July 13,19	967 Ward Memor	^ /	111 1	Some Md.
1	24	FUNERAL DIRECTOR	ADDRESS	2So REC'D BY	REGISTRAR 25b. REGISTRAR'S	SIGNATURE
		Verma J. Ward	Marion Sta.	Md. DATE JUL	14 190/	The freeze

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the "themiding physician on" completely fitted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and shauld be filed with the State Dept, at Health prior to burial, cremation, ar removal, and in any event, within 72 yours after deapty. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 1 20 M 1/66



VR A15 (4) 20 M 1/66

norman 4. Baker

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

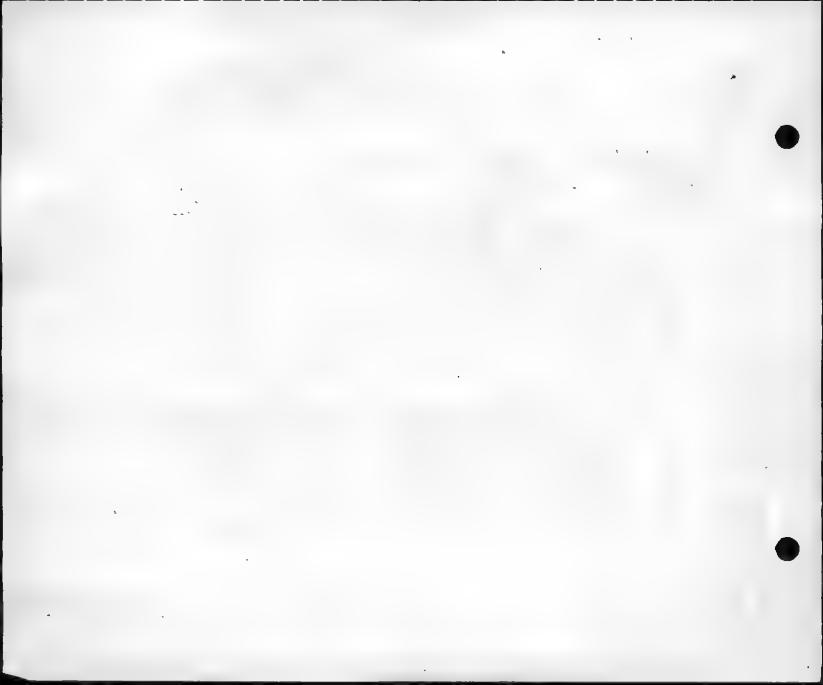
### MARYLAND STATE DEPARTMENT OF HEALTH

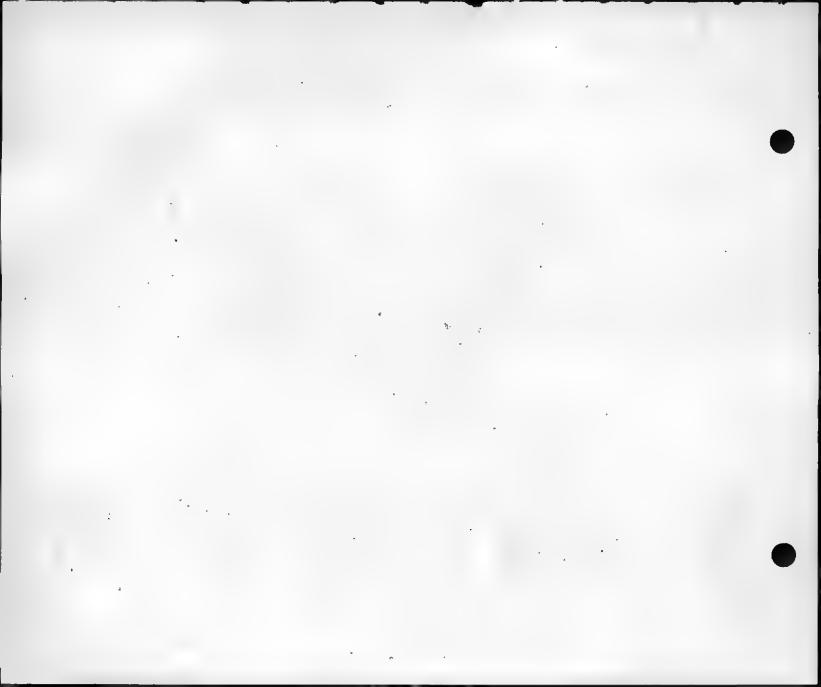
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10274

CERTIFICATE OF DEATH

PRACE OF DEATH   O COUNTY WILDOWS (and composed limits), SETTING (BY COUNTY WILDOWS) (but the county) (but	L					1, 7
MARY LAND BLAND OF DOWN (II out out cappedies limits).  SCHILD STAY IN 15  SCHILD STAY IN				2 USUAL RESIDENCE (	Where deceased lived, if institution	n Res dence befare admission)
SWITH SEAR CONTROLL OF PROTECTION TO AND DUTY PROTECTION OF THE CONTROL OF THE CO		Wicomico		O STATE DEL	AWARE D. COUNT	SUSSEX
A NAME OF HOSPITAL OR HIST TUTION (IT not in haspide qive street bodies)   d STREET ADDRESS   c SRES BENKE   PORITION U.] A GENERAL PLANT OF THE STREET ADDRESS   c SRES BENKE   Cost   A. DATE   Month   Doy   Year   Cost   Cost   A. DATE   Month   Doy   Year   Cost   Cost   A. DATE   Month   Doy   Year   Cost   Cost   Cost   Cost   A. DATE   Month   Doy   Year   Cost		b. CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16			1. and give nearest tawn)
Peninsula General Hospital    Total   Mark		Sairsbury	7045	LEW	ES RUI	RAL.
PORITIONAL GENERAL POSSIBLE AND COLOR OR RACE   TO MARRIED   NEVER MARRIED   S DATE OF BIRTH   S DATE		d NAME OF MOSPITAL OR INSTITUTION (if not in haspitally	ive street address)	d STREET ADDRESS		
DECEASED (Type or print)    Sac   Color or Race   7 Married   Never Married   8 Date of Birth   9 Apf (in years)   12 April   19 Apr		Peninsula General Hos	pital			
S 5137   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9 ADE T (in years that her building)   15 MARRIED   10 MORED   10 MORED   10 MORED   10 MORED   11 MORED   12 CHIZEN OF WHAT (COUNTY & Stote or foreign (softniry)   12 CHIZEN OF WHAT (COUNTY & STOTE or foreign (softniry)   12 CHIZEN OF WHAT (COUNTY & STOTE or foreign (softniry)   12 CHIZEN OF WHAT (COUNTY & STOTE or foreign (softniry)   12 CHIZEN OF WHAT (COUNTY & STOTE or foreign (softniry)   12 CHIZEN OF WHAT (COUNTY & STOTE or foreign (softniry)   13 MASDECRASED EVER IN U.S. ARMED FORES?   16 SOCIAL SECURITY NO /5   17 INFORMANT (NEW YORK)   18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   17 INFORMANT (NEW YORK)   18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (Social Security No /5   17 INFORMANT (NEW YORK)   18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause per line for (a), (b), and (c))   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause (a), stoting the underlying cause (b)   10 MAS AUTOPEY (NEW AND DEATH (Enter only one cause (a), stoting the underlying cause (b)   10 MAS AUTOPEY (NEW AND DEATH (Enter only one cause (a), stoting the underlying cause (b)   19 MAS AUTOPEY (NEW AND DEATH (Enter only one cause (a), stoting the underlying cause (b), stoting the underlying cause (b)   19 MAS AUTOPEY (NEW Enter only one cause (a), stoting the underlying cause (b), stoting the underlying cau	1	DECEASED	Modle	Last	OF (	1-1
The miles and the miles of th	_		<del></del>	1101317	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. KAID OF BUSINESS OR   11. BIRTHPLACE (COUNTY & Stote or foreign (Country)   12. CHITZEN, OF WHAT (COUNTY & STOTE OR STRING)   12. CHITZEN, OF WHAT (COUNTY & STOTE OR STRING)   13. KAID OF SUSTRIAN   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORES?   16. SOCIAL SECURITY NO 15   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (a), and the deceased of DEATH (Enter only one couse per line for (a), and the deceased of DEATH (Enter only one couse per line for (a), and that death according to factory, street, diffice bdg, etc.)   18. CAUSE OF DEATH (Enter only one couse one on the date stated obove the deceased of DEATH (Enter only one couse per line for (a), and that death according to factory, street, diffice bdg, etc.)   18. CAUSE OF DEATH (Enter only one couse per line for (a), and that death according to factory, street, diffice bdg, e	,			and a second	- lost hirthday)	
COUNTRY   COUN	10	F 101 10 11 ( T		7 /		12 CITIZEN OF WORT
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16. SOCIAL SECURITY NO (5)  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I, DEATH WAS CAUSED BY  PART I, DEATH WAS CAUSED BY  PART II. OTHER SIGNIFICANT CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSING CLAUSE CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSING CLAUSE CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSING CLAUSE CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSING CLAUSE CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSIVE CONDITIONS COURTEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SLASE CONDITION GIVEN IN PART 1(c)  19. WAS AUTOPSY  YES NO EXTENSIVE AND DEATH II of Idem 18.)  10. EITHER NOTIFY MEDICAL EXAMINER  200. TIME OF INJURY Month, Day, Year  White Not White A WAS AUTOPSY  YES NO EXCEPTION OF TOWN IN THE LATE OF		ing most of working i.le, even if retired) INI		MD -	₹ 71016 OLIGISIBLE COLUMNY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   19. CAUSE OF DEATH (Conditions, if any, which gave ne to immediate cause (a), stating the underlying cause (b)   19. CAUSE OF DEATH (conditions)   19. CAUSE OF DEATH (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPPY PERFORMED? YES NO & CONTRIBUTING CAUSE OF DEATH (CEITHER, NOTITY MEDICAL EXAMINER)   200 DESCRIBE-NOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   19. CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part I	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME,	
Text   Conditions, if yes give war ar dates of service   27 1 - 24 - 8640   MR CHARLES   A. MAJOS   MR CHARLES   A. MAJOS   MARCHARD   MR CHARLES   A. MAJOS   A.		W. JoHN SOI	4	SARAH	HORNEY	
INTERVAL BETWEEN ONSET AND DEATH   Enter only one cause per line for (a), (b), and (c)	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S			Address	
18. (AUSE OF DEATH (Enter only one cause per line for (g), (b), and (c))   PART 1, DEATH WAS CASED BY   IMMEDIATE CAUSE (g)   DUE TO     Conditions, if any, which gody ness to immediate cause (g)     stating the underlying cause   (c)     PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL D SPASE CONDITION GIVEN IN PART 1(g)   19 WAS AUTOPEY PERFORMED? YES   NO X     200 ACCIDENT WAS UNDERLYING   2014 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hom 18.)   201 TIME OF INJURY MADICAL EXAMINER)   2014 DESCRIBE HOW INJURY OCCURRED while   Not While   N	(11	s, na, or unknown) (If yes give war ar agres of service) 2-2	1-24-8690 41	? CHARLES	A. MA125H	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave ns to a immediate cause (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave (b) DUE TO (conditions, if any, which gave (b) DUE TO (conditions, if any, which gave (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave (a), stoting the underlying cause (b) DUE TO (conditions, if any, which gave (a), stoting the underlying cause (a) DUE TO  (conditions, if any, which gave (a), stoting the underlying cause (a), stoting the underlying caus	F	18. CAUSE OF DEATH (Enter only one cause per line for			-	
Conditions, if any, which gave need to declare the cause (a), stating the underlying cause (ast.)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  PREFORMED?  YES NO EX  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  PREFORMED?  YES NO EX  200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. TIME OF INJURY Manth, Day, Year While of work of wo		PART I. DEATH WAS CAUSED BY				ONSET AND DEATH
Set a immediate cause (a), stating the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)  200 ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)  201 TIME OF INJURY Manth, Day, Year Hour o.m. 19		The state of the s	1 1	1	1/2 / 20	
Stating the underlying cause (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)  200 ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)  202 C. TIME OF INJURY Manth, Day, Year  While at work of wor			valled se	lework 1	DROWN HELEC	ul concernour
PART     OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)   19   WAS AUTOPSY PERFORMED? YES   NO X						
PERFORMED? YES NO E  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a.m. P.m. 19 atwark of work of twork of two twork of two						
200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. I Certify that (I) (this hospital) attended the deceased from  202. I Certify that (I) (this hospital) attended the deceased from  21. I certify that (I) (this hospital) attended the deceased from  220. SIGNATURE  221. I Certify that (I) (this hospital) attended the deceased from  222. PHYSICIAN'S NAME (Type)  230. BURIAL, CREMATION, REMOVAL (Specify)  231. DATE THEREOF  232. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  233. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  234. BURIAL, CREMATION, REMOVAL (Specify)  235. RECTOR BY REGISTRAR 250 REG	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PART 1(g)	
20c. TIME OF INJURY Manth, Day, Year Hour o.m.  p.m.  19 atwark of twork of two of two lines and the deceased from 19 and the deceased from 19 and the deceased of two or 19 and the deceased or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased or 19 and the deceased or 19 and the deceased or 19 and the dec	101	3200 Day	TREQUEO	1100		
20c. TIME OF INJURY Manth, Day, Year Hour o.m.  p.m.  19 atwark of twork of two of two lines and the deceased from 19 and the deceased from 19 and the deceased of two or 19 and the deceased or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased or 19 and the deceased or 19 and the deceased or 19 and the dec	FICA	200 ACCIDENT WAS UNDERLYING   205 DES	SCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in	Part I or Part II of Item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour o.m.  p.m.  19 atwark of twork of two of two lines and the deceased from 19 and the deceased from 19 and the deceased of two or 19 and the deceased or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased of two or 19 and the deceased or 19 and the deceased or 19 and the deceased or 19 and the dec	EET	OR CONTRIBUTING CAUSE OF DEATH		(	,	
21. I certify that (I) (this hospital) attended the deceosed from			HURY OCCURRED 20e PLA	CE OF INJURY (Home, form	n. J 20f. (City ar town)	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from	WED	Haur o.m While	Nat While I fact			( )
saw the deceased olive on 1961, and that deoth accurred at 206M, from couses and on the date stated above 22a SIGNATURE  22a SIGNATURE  22b. DATE SIGNED  M.D. ATTENDING PHYS  22c. PHYSICIAN S NAME (Type)  22c. PHYSICIAN S NAME (Type)  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City or Town) Caunty) Caunty Ca		pant. 1 di work		1~11	10/17 10 70 78	1007 160 10 June 16
22a SIGNATURE  LOS PHYSICIAN S NAME (Type)  22c. PHYSICIAN S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City or Town)  Caunty)  Caunty  C			16 and the			
22c. PHYSICIAN S NAME (Type)  23c. NAME (Type)  23c. NAME OF CEMETERY OR CREMATORY REMOVAL Specify  23d. LOCATION (City or Town) REMOVAL Specify REMOVAL Speci			- July, did fild	I deciti accours a	102122111111, 110111 200363 U	
22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City or Town) (County) (State)  23d. BURIAL, CREMATION, REMOVAL (Specify) (TUL. 22, 1967) (STATE) (METHOD) (STATE) (County) (State)  23d. EUREPAN DIRECTOR (COUNTY) (State)  23d. LOCATION (City or Town) (County) (State)  23d. LOCATION (City or Town) (County) (State)  23d. LOCATION (City or Town) (County) (State)		109-8-000	_ // _ MI	ATTENDING C		7-18-60
NAME (Type)  230 BURIAL, CREMATION, REMOVAL Specify  TUL. 22, 1967  BETHEL METHODIST  230 LOCATION (City or Town)  COUNTY)  (County)  (Storie)  240 LOCATION (City or Town)  COUNTY)  (County)  (Storie)  240 ELIFT  241 LINERAL DIRECTOR  ADDRESS  1250 RECD BY REGISTRAR  250 REGISTRAR SEGNATURE		201 PHYSICIANS	1	1 111 0	DIRECTOR IN P1073.	100/
REMOVAL Specify JUL. 22, 1967 BETHEL METHODIST LEWES, DELITA			•			•
REMOVAL Specify JUL. 22, 1967 BETHEL METHODIST LEWES, DELITA	230	BURIAL CREMATION 23h DATE THEREOF	T 23c NAME OF CEMETERY OR	CREMATORY	I 23d IQCATION (City or Town	n) ~ ((qunty) (State)
24 FUNERAL DIRECTOR ADDRESS & 25g RECD BY REGISTRAR S AGNATURE	201	REMOVAL (Specify) Till 22.16) 7	BETHEL MI	ETHODIST		1 1 1 4
	24		ADDRESS		D BY REGISTRAR 25b REG	STRAR S MGNANURE





should 24 hours after .5. TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page — be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers, Pages be filled with the State Dept. of Health prior to burial, generation, or removal, and in any event, withhirty hours at

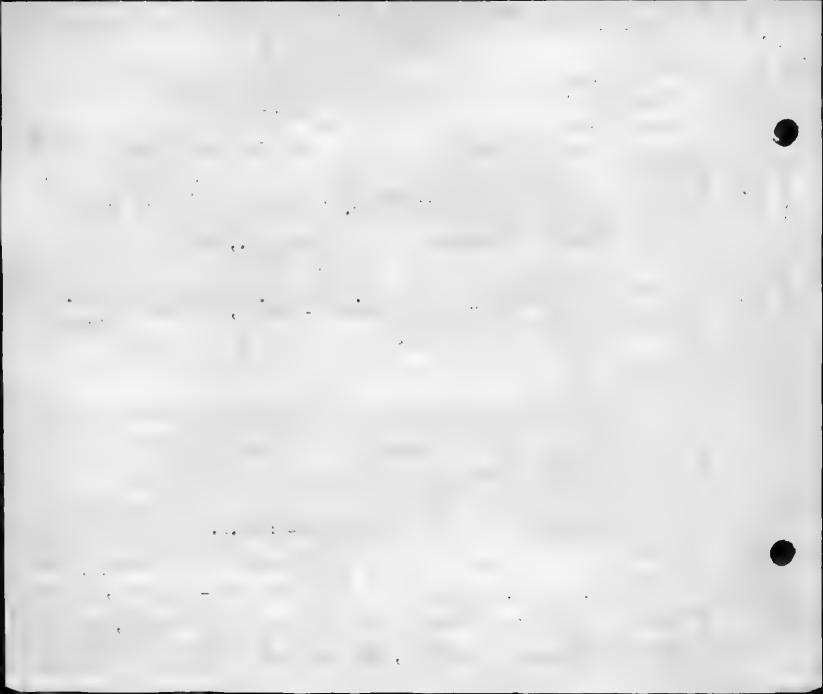
10

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0276 CERTIFICATE OF DEATH

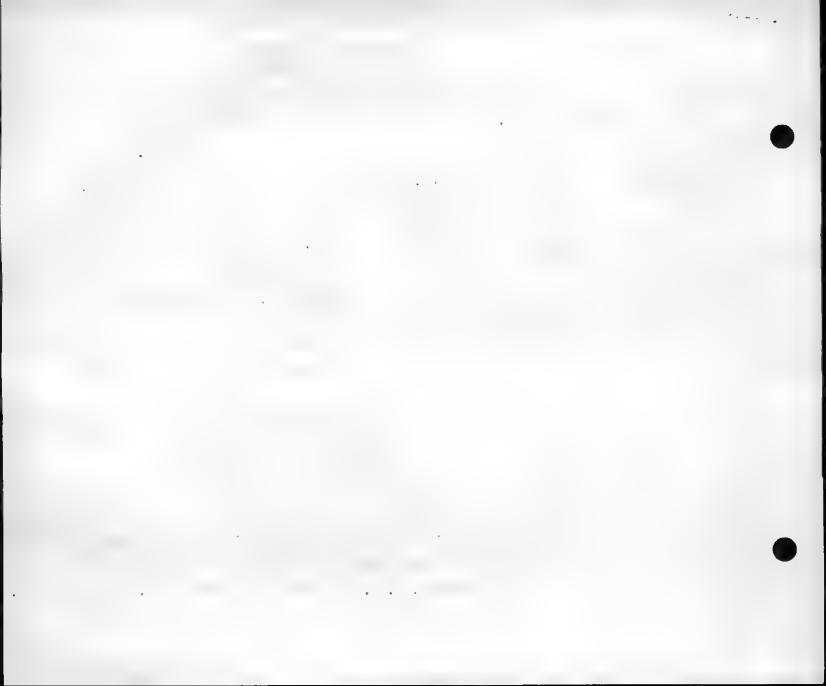
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission)
Wicomico MARYLAND	* STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RUSAL and give nearest town) Hebron	Hebron
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Jo. 15 RESIDENCE
209 West Main Street	209 West Main Street VES NO IX
3 NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ISAAC WALTER M	TURRAY DEATH July 26 19 67
	DATE OF BIRTH 19. AGE (In years [3F UNDER 1 YEAR   1F UNDER 24 HRS.
	UE . 5/ 1904 (62 yrs.) Months Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired) Retired Farmer Farming	771
13. FATHER'S NAME	Wicomico Co., Maryland U.S.A
Isaac James Murray	Annie Jenkins
15 WAS DECEASED SIVED IN IT A BUTTO DO STORE IN IT	
(Teg_no, or unkown) (If yes give war or dates of service)	s.Bernice M.Cooper(Sister)209 W.Main
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	treet - Hebron, Maryland NiteRVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSETAND DEATH
IMMEDIATE CAUSE (a),  DUE TO	2000
Condition Warman that B	
gave rise to immediate cours	
(a), stating the underlying DUE TO	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
OF THE PERSON NAMED IN COLUMN 1	PERFORMED?
200 ACCIDENT WAS UNDERLYING [1 20b. DESCRIBE HOW INJURY OCCURED	YES NO Y
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER A	The state of the s
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stelle) ory, street, office bldg., etc.)
X p.m. 19 at work el work	
21. I certify that (1) (this hospital) attended the deceased from.	1964 to Ocea, 1967 that (1) (we) last
saw the deceased alive on	death occurred at 0.05 from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
	D PHYS. X DIRECTOR PHYS July 8 /1967
22c PHYSICIAN S NAME TYPE! TO THE	22d. ADDRESS
Dr. John G. Bulkeley	Pine Bluff Road-Salisbury, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	metery(Old Section)Martela, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	RYTAND 3 1 1967 LCLarley Judge
HOLLOWAY & COMPANY - SALISBURY, MA	RYLAND DATE JUL 3 1 1961 Juliantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO	666		CERTIFICAT	E OF DEATH	100	70
PLACE OF					Where deceased lived, if institution. Residen	ce before admission)
a. COUNT	Wicomico		MARYLAND	o STATE Ma	aryland b. COUNTY Wice	omico
6 CITY O	R TOWN (If outside corparate limits,	C.	LENGTH OF STAY IN 15	c CITY OR TOWN (If a	itside corporate fimits, write RURAL and givi	e nearest town)
Write	RURAL and give nearest town) Salisbury, Md.		ll days	Sa	alisbury, Maryland	1
d NAME	OF HOSPITAL OR INSTITUTION (IF not		street address)	d. STREET ADDRESS		e IS RESIDENCE
	er's Head State	Hospita.	1	700 1	East Church St.	ON A FARM? YES NO X
3. NAME OF DECEASED (Type or	D		Middle tera. Nicker	lost	4 DATE Month OF DEATH July	Day Year 31. 19 67
S SEX		7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (in years   IF UNDER	
М	W	WIDOWED 🔀	DIVORCED	October 3,18	892   lost birthday)   Months	Doys Hours Min.
10e USUAL O	CCUPATION (Give kind of work done of working life, even if retired)	106 KIND O INDUST	OF BUSINESS OR	11 BIRTHPLACE (County		TIZEN OF WHAT UNTRY?
Reti	red Plumber	Plum		Pittsville	e, Maryland US	
13. FATHER'S	S NAME			14. MOTHER'S MAIDEN	NAME	
Henr	y Nickerson			Emma Brown		
1S. WAS DEC (Yes, na, ar u No	CEASED EVER IN U.S. ARMED FORCES? Inknawn) (If yes give wor ar dotes af	Varuras	09-1348	Mr. Cecil F. 629 Truitt	Tull (Friend) St., Salisbury, Mar	yland
	USE OF DEATH (Enter anly one cause	per line for (a),	(b), and (c))			INTERVAL BETWEEN
PA PA	ART I DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (c	Car	cinoma of le	ft lung		ONSET AND DEATH
1 1	DUE TO	0				7 months
	ins, fony, which gove	Meta	astatic from	tonsillar i	fossa carcinoma (le:	(t)
	mmediate cause (a), DUE To	,				
last.	) (i	:)				
PART II  200 ACC OR CONT	OTHER SIGNIFICANT CONDITIONS COL	TRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION G YEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACC	IDENT WAS UNDERLYING [1]	20b DESCRIE	SE HOW INJURY OCCURRED	(Enter not tre of intervio	Part I or Port II of Item 18.)	11.5 11.0
OR CONT	TRIBUTING CAUSE OF DEATH	100 BLANI		(circi nervice or injert in	Tark to Fort in or hard to j	
	R, NOTIFY MEDICAL EXAMINER) WE OF INJURY Month, Day, Year	304 INHID:	Y DCCURRED 20e PL	ACE OF INJURY (Home, form	n, 20f (C+y or town) (Co.	unity) (State)
Z) 20k T M	Hoer o m.		Not While for	ctary, street, office bldg., etc		(5,016)
21	I certify that (I) (this naspi	tat) attended	the deceased fram.	July 17. , 1	9 67, to July 31 , 19 4	67, that (I) (we) as
	v_the deceased alive an	July 31	19.6.7, and the	at death accurred at	9:08 Myfram causes and an th	ne date stated above
220./SI	GNATURE O	-1 -	14	ATTENDING	MED STAFE 22b. D/	ATE SIGNED
	Lharles II	ceive	Macco JM	D PHYS.	MED STAFF DIRECTOR PHYS. 7	/31/67
	YSICIAN'S			22d. ADDRESS		
N/	AME (Type) Charles H.	Winnaco	ott, M. D.	Deer's He	ead State Hosp., Sa	lisbury, Md.
23a BURIAL	, CREMATION, 23b DATE THER AL (Specify)	EOF 23	3c. NAME OF CEMETERY OR			(County) (State)
Bur	ial August 3	1,1967 W	icomico Memo	orial Park	Salisbury, Maryl	and
24 FUNERA	IL DIRECTOR		ADDRESS	2So REC'I	D BY REGISTRAR 256 REGISTRAR'S S	IGNATURE
UOT.	LOWAY & COMPANY	) SHLIS	BURY, MARYLA	AND DATE AL	JG 4 1987 Hallon	10

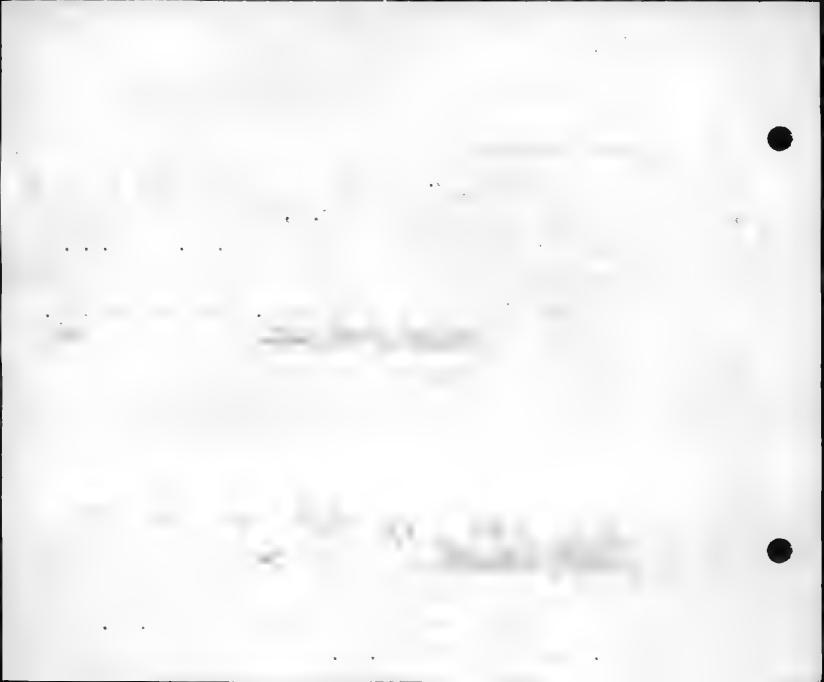
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer carbon papers. Pages and shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours of the cast VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY. b. county Wicomico Wicomico Maryland after MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a Salisbury Salisbury etely, filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? an and completely, fille e remove carbon paper in any event, within 7 402 402 East Lincoln Avenue E.Lincoln Ave. requires that the death certificate be executed within 3. NAME OF Middle DATE Month DECEASED July 19 67 CLAYTON 26 RAYMOND (Type or print) DEATH 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO X NEVER MARRIEO last birthday) Months Hours Male White Sept. 26/1900 WIOOWED OIVORGEO ! 66 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in during most of working life, even if retired) COUNTRY Painting Wicomico Co. Maryland Painter House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Parker Parker William Porneral 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Pottie L. Parker (Wife) 402 East (Yes, no, or unknwn) (If yes give war or dates of service) No Lincoln Ave. Salisbury Maryland 21801 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per, line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE **OUE TO** Conditions, if any, which (b) gave rise to immediate After this certificate has been do be detached for use as the State Dept. of Health prior to **OUE TO** cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO ZX YES 20a, ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc., Hour a.m. Not While at work at work FUNERAL DIRECTOR: Aftidirector, page 3 should the Should be filed with the S 0 21. I certify that (I) (this hospital) attended the deceased from 23 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURÉ DATE SIGNED ATTENOING PHYS. 26 M.D.-OIRECTOR \_\_ 22d. AOORESS PHTSICIAN'S director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 9 Salisbury Maryland Parsons Cemeterv 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE SALTSBURY, MARYLAND COMPANY VR A15 (4) 15M 4-64

ř,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH stelan and completely filled in by the Tuyleral lease remove carbon papers. Pages I and 2 and in any event, within 72 hours after death. hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY WICOMICO WICOMICO MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY FRUITLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WICOMICO NURSING HOME No X YES executed within 3. NAME OF First Middle Last 4. DATE Month Year 🚣 DECEASED EMORY (Type or print) PAYNE DEATH JULY 19.56 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 8, **NEVER MARRIED** last birthday) Months Days Hours Min. MALE WHITE WIDOWED J DIVORCED NOV.28.1881 85 plysteran in please r 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate, and or attending physician. during most of working life, even if retired) INDUSTRY COUNTRY? RETIRED CARPENTER SOMERSET U.S.A. CO. MD. 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removal atte din permit. Then JOSHUA MARY STRUAUSS PAYNE tresit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) NO MRS F. PAYNE FRUITLAND. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN Leen signed by the burial-transit or to burial, crema AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health After this certifigate has be detached for use State Dept. of Health PERFORMED? YES [ ND [ the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d, INJURY OCCURRED 20f. (City or town) (County) (State) Page 4 may be retained by the TO FUNERAL MIRECTIME After the director, page 3 should be de esthould be filed with the State I. factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING 19 at work \_\_\_ at work 21. I certify that (I) (this hospital) attended the deceased from that (i) (we) last diceased alive on and that death occurred at \_M. from the causes and on the date stated above. SIGNATU DATE SIGNED 22a. 22b. ATTENDING PHYS. MED. STAFF M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 23b. DATE THEREOF 23d, LOCATION (City, town or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 1967 PRESBYTERIAN CEMETERY 24. FUNERAL DIRECTOR ADDRESS REGISTRAR'S, STGNATURE PRINCESS ANNE. VR A15 (4): LEVIN R. WILSON BUTT 15M 4-64



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

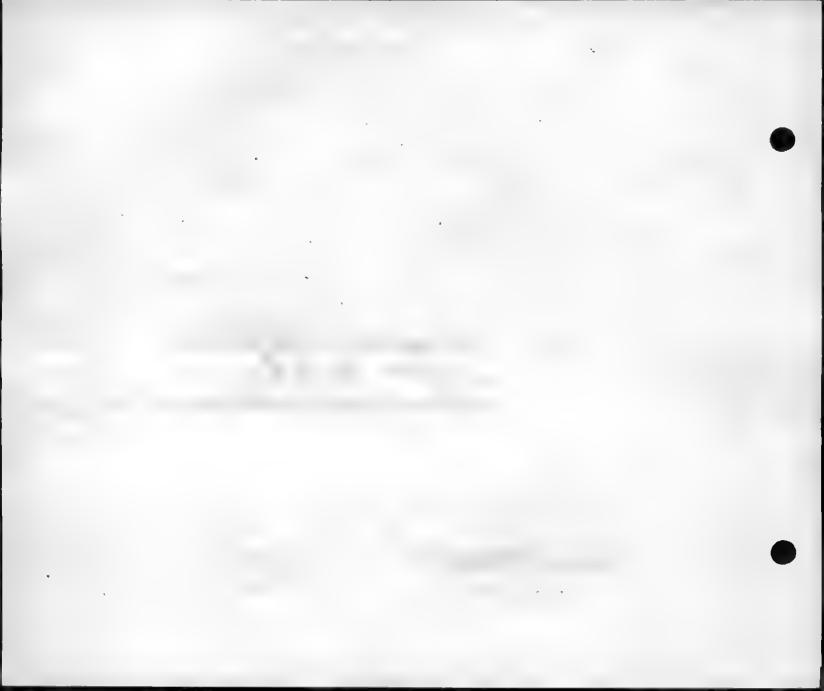
10280

### CERTIFICATE OF DEATH

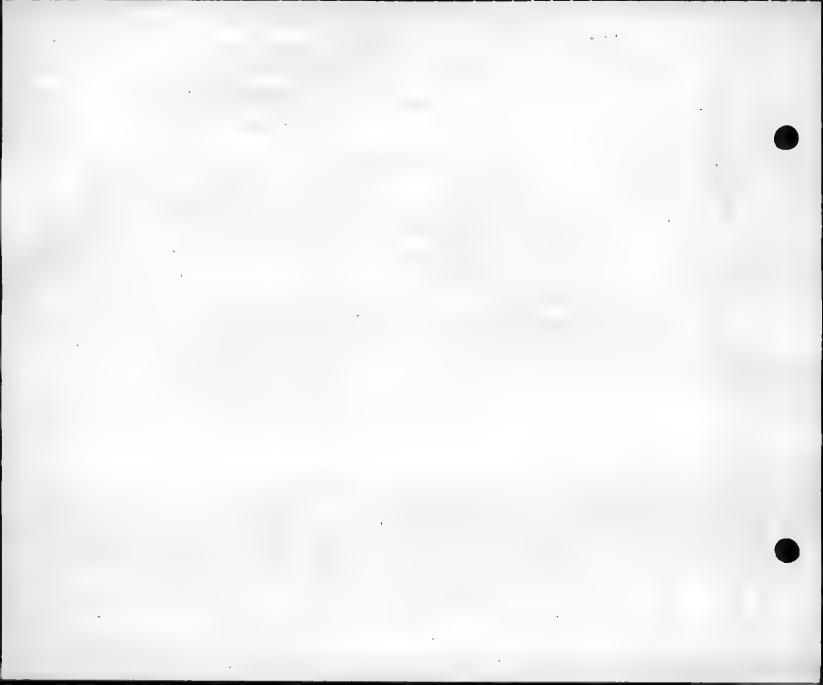
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J.	$\vee$	Fuf	46	$\zeta_{i,j}$	

		0010111110711			J. U 16 6 W
I. PLACE OF DEATH					tian: Residence before admission)
o. COUNTY Wicomico		MARYLAND	o. STATE Mary	land	Talbot
b CITY OR TOWN (If outside carparate	limits,	c LENGTH OF STAY IN 16		utside corporate limits, write RU	
write RURAL and give nearest tow Salisbury		79 days	Oxfo	rd	
d NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, g	ve street address)	d STREET ADDRESS		e 5 RESIDENCE ON A FARM?
Deershead	, , , , , , , , , , , , , , , , , , , ,	Hospital		Box 51	YES NO P
3 NAME OF DECEASED	First	Middle	Last	4 DATE Mon	
(Type or print) HAT  S. SEX 6 COLOR OR RA	TE		TERSON  8 DATE OF BIRTH	9 AGE (In years	28 1967
F C	CE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	11-8-189	last birthday)	Months Days Hours Min.
10a USUAL OCCLPATION (Give kind of work during most of working life, even if retired)		NO OF BUSINESS OR DUSTRY Retired	11 BIRTHPLACE (County)	& State, or foreign country)  Md.	12 CT ZEN OF WHAT COUNTRY 2
13. FATHER'S NAME	0		14. MOTHER'S MAIDEN		,
Enus Hall			mary c	lizabeth Be	inke
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, na, ar unknown) ((If yes give wor or	RCES? 16 S	OCIAL SECURITY NO 17	INFORMANT	Addr	/ /
NO	21	2-16-108YA	Marshall	Banks, Oxfo	nd, md,
18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED 8)	1: /0/	(a), (b), and (c))	West	1-1100	INTERVAL BETWEEN
IMMEDIATE	CAUSE (a)	rgery	- Harry		ange
Conditions, if ony, which gave	A	abete 9	n.M. tu		yes
nse to immediate cause (a),	DUE TO	A 1	1000	1:	0
stating the underlying cause last	(c) ar	LeoSele	ote Cara	rovasada	Down Jus
PART I. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NOTTION GIVEN IN PART 1(a)	IN WAS AUTOPSY PERFORMED?
Cali					YES NO K
200 ACC DENT WAS UNDER YING OF OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		SCRIBE HOW INJURY OCCURRE	) (Enter nature of injury n	Part I as Part II of tem 18)	
20c TIME OF INJURY Month, Day, Y			LACE OF INJURY (Hame, forn		(Caunty) (State)
p.m.		Nat While of	M 10	1/2	5
21 I certify that (I) (this saw the deceased alive of	s haspital) attend in <b>July 28</b>	led the deceased fram	May 10 , 1		B, 19 <b>67</b> that (I) (we) last and an the date stated abave.
220 SKGNATURE	10000	19 O1 , and if	rai degra accorrea ar	Zi JOAM, Ham couses	22b DATE SIGNED
andra C	Mitu	held	M D PHYS	MED STAFF DIRECTOR PHYS	7/28/67
22c. PHYSICIAN'S NAME (Type) A. C.	Mitchell.	M. D.	22d. ADDRESS Deer's H	ead State Hosi	oital, Salisbury,
	TE THEREOF	23c NAME OF CEMETERY C		23d LOCAT ON (City or To	
BURIAL (Specify) 7-	31-67	1 1 1 - 1	sley Cometery	/ ` }	Tallet mel.
24. FUNERAL DIRECTOR	1 0 1-	ADDRESS			EGISTRAR'S SIGNATURE
Barbara L.D	aghell	926 Dower St. E	custon DATE A	UG 2 1967	Michaeles Judges
	7		77766 8		4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 havrs after Jeath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye capton papers. Pages 1 and should be fled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any evert, within 72 hours afterdeed. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



death. ofter . The law remuires that the death certificate be executed within 24 hours with an papers. Pag within 72 haurs .⊑ filled nove carban nyevent, with remove signed by the attending physician and co burial-transit permit. Then please remo burial, crematian, ar removal, and in any attending phys O HUSPITAL OR ATTENDING MHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physicion. has been : prior ta director, page 3 shauld be detached for use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate က VR A15 (4) 17 20 M 1/66



		•		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.		is certificate has been signed by the attanting physician and campletely filled in by the lugaring.	tached far use as the burial-transit permit. Then please remove carban papers Tages and	or or common and in any owners within 70 has so office death
equires that the	physician.	signed by the	burial-transit p	hurrial cromation
the law re	s haspital or attending phy	te has been	use as the	with print to
PHYSICIAN	haspital (	us certifical	tached far	Jone of Ho

TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to

VR A15 (4) 20 M 1/66

	_ U & U & U	CERTIFICATE	OF DEATH	1.0 40 T		
ŀ	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	d, if institution: Residence before admission)		
	o. COUNTY CO' ico	MARYLAND	o. STATE Maryland	b. COUNTY Wicomico		
	b CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limit			
			(Rural) Sali			
V	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?		
J	, Perioula Inch l	In i.l	Rt. 4 Johnson	Road YES NO Z		
	3. NAME OF First	Middle	lost 4 DATE	Month Doy Year		
	(Type or print) BIUTIA	R.	Pugh DEATH	JULY 8 1967		
	S. SEX 6. COLOR OR RACE 7 MARRIED		tzek o o	In years   FUNDER I YEAR   IF UNDER 24 HRS.  pirthday)   Months   Doys   Hours   Min.		
			X			
		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County & State, or foreign co	DUNTRY) 12 CITIZEN OF WHAT COUNTRY?		
	at nome a	t home	Kentucky USA			
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME			
	John L. Ratilff		Elizabeth Mudder			
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 72	SOCIAL SECURITY NO 17. II	IFORMANT	Address		
			rs. Oorthy Miller			
1	1B. CAUSE OF DEATH (Enter only one couse per une for PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).)	+-4/01/	INTERVAL BETWEEN ONSET AND DEATH		
	IMMED ATE CAUSE (CELLINA)	erroschola	ec Hear Nes	eden 7 yr		
1	Conditions, if any, which gave )					
1	rise to immediate couse (o), DUE TO		· · · · · · · · · · · · · · · · · · ·			
1	storing the underlying couse					
	PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	MODERATED BUT NOT DELATED TO T	AC TEDMINAL DISEASE CONDITION C VEN IN D	ART I(a) 19 WAS AUTOPSY		
	PARTY O'REK SIGNIFICANT CONDITIONS CONTRIBUTIONS	140	To the order of	PERFORMED?		
	200 ACCIDENT WAS JNDERLYING ☐ 205 DES	SCORE HOW INHIPOTOCOLOGED	Enter nature of injury in Port I or Part II of			
ı	☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW HOOLS OCCURRED.	prior fidicia of family ill Coll Col 700 is of	10 )		
1		JURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f. (City	or JOP(n) (County) (State)		
	Hour o.m. While	- Not While - focts	ry Sfreet, affice bldg., etc.)			
	21. I certify that (1) (this haspital) afters		taky 7 1967 to	ficing 1, 196 /that (1) (we) lost		
1	saw the deceased alive an A fuct	19 67 and the	death occurred at 3 58M, from	m causes and an the date stated above.		
1	22a, SIGNATURE 22b, DATE SIGNED					
1	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS					
1	22c. PHYSICIAN'S		22d. ADDRESS			
1	NAME(Type)					
f	230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR		(City or Town) (County) (State)		
1	Buria (Sperify) 2-10-1967	Mc Colley's		Georgetown, Del.		
	24 FUNERAL DIRECTOR Jeven Class	ADDRESS	250, REC'D BY REGISTRAR	28b. REGISTRAR'S SIGNATURE		
	Thomas F. Wallace S	Salisbury, Mo	L. DATE JUL I U 19	- Contraction		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10283

	10200	CERTIFICATE OF DEATH	1	0283
	1 PLACE OF DEATH 0. COUNTY	2 USUAL RESIDENCE O, STATE	E (Where deceased lived, if institution Resider b, COUNTY )	nce before odmissian)
	b. CITY OR TOWN (If autside carparate limits, write RBRAL and give nearest town)	MARYLAND NR	putside corporate limits, write RURAL and giv	re negrest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita,		3 LL-VIILLE	L e IS RES DENCE
1	a water of hosethar or institution (it not it hospital	give sheet uddress) d, sirect Abbress	D.	ON A FARM?  YES NO
	3 NAME OF DECEASED (Type or print)	Middle RAVNI	4 DATE Month OF DEATH	Doy Year 2 ! 19 67
	S. SEX 6 COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED B. DATE OF BIRTH	9 AGE (In years IF UNDER sast birthday) Months	
	10a USUAL OCCUPATION (Give kind of work done during mast of working ife, even if refired)	KIND OF BUSINESS OR 11 BIRTHPLACE (Cou	M_   50	T ZEN OF WHAT
	13. FATHER'S NAME	WN HOME 14 MOTHERS MAID!		1,571,
	EDWARD PERD	UE JENN	IS ENNEWE	7-6-
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	S SOCIAL SECURTY NO 17. INFORMANT  Mr. HEN A	Y ROYNIE POWE	LLVILLEM
	1B. CAUSE OF DEATH (Enter only one cause per line to PART   DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	or (a), (b), and (c).)	and The	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave ) (b)	Riving Sony	ocardilio	
	stoting the underlying cause last (c)	typeilende	0	
7	PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO SIATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	G OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED (Enter nature of injury	in Part I ar Part I of item 18.)	
	20c TIME OF IN,URY Month, Day, Year Haur a m. Whill p.m. 19 at wa			unty) (State)
	21. I certify that (I) (this haspital) atter saw the deceased alive on		ator . M, fram causes and on t	that (I) (we) la
	220 SIGNATURE Control E	Le Reno ATTENDING PHYS	22b D	ATE SIGNED
7	22c. PHYSICIAN'S NAME (Type) CARTON	E Schott ND 22d. ADDRESS	BERlin, Md.	
	230 BURIAL (REMATION, 23b DATE THEREOF	230 NAME OF CEMETERY OF CREMATORY	23d LOCATION (City or Town)	(County), (State)
	24 FUNERA, DIRECTOR	ADDRESS 0 25a R	EC D BY REGISTRAR 256 REGISTRAR S S	IGNATURE

TO FINERAL DIRECTOR: After this certificate has been signed by the attending physician and comparely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reta ned by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201

10284 Them DIVISION OF VITAL RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1019

	1. PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				
1	o. COUNTY Wicomico MARYLAND				a I	D. COUNTY			
	b. CITY OR TOWN (If outside corporate limits,   c LENGTH OF STAY IN th					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
	write RURAL and give nearest tawn) Salisbury			Hagerstown / 7					
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS	000,111		I e IS RESIDENCE	
	Peninsula Uneral dospital			243 Wost Side Ave.					
3	NAME OF	First		M ddle		Lost	4 DATE	Month	Doy Year
	DECEASED (Type or print)	JOSEPH		EDGAR		RHODES	OF DEATH	7-19-67	7 19
5	SEX	6 COLOR OR RACE 7	MARRIED [	NEVER MARR ED	3 8	DATE OF BIRTH	9 AGE (In year	S FUNDER I	YEAR FUNDER 24 HRS
	Male	White	w DOWED 🗌	DIVORCED		12-20-48/ 1	7 lost birthdog	() Months	Doys Hours Min.
100	USUAL OCCUPATION ing most of working	(G ve kind of work done		OF BUSINESS OR		11 B RTHPLACE (Stote of	r foreign country)		IZEN OF WHAT
un	Stu	dent	INDUS	Vone		Hagerstown 14. MOTHER'S MAIDEN N.	Mda	U	SA
13	FATHER'S NAME					14. MOTHER'S MAIDEN N.	AME		
		Joseph Edga	r Rhode	24		Julia B. Patterson  NFORMANT  Address Hagerstown, Md.			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 500	IAL SECURITY NO		IFORMANT	ļ.	ddress Hage	rstown, I'ld.
10	No	(If yes give war or dates at se	267-8	84-6241	yrs.	Inlia B. Roc	les 243 Wes	t Side	Ave.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)					INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY Hemathorax, Left ONSET AND DEATH						ONSEL AND DEATH		
	pyk 10								
	Conditions, Lony, which gove ) (b) Multiple abscesses of peritoneal cavity								
	rise to immediate couse (a).  stating the underlying couse DUE TO								
	(a) Stab wounds of the			iorax and abdomen			25 days		
12	PART II OTHER S	GNIFICANT CONDITIONS CONT	RIBUTING TO D	EATH BUT NOT RELATED	TO TH	HE TERM NAL DISEASE COND	ITION GIVEN IN PART 1(o	)	19 WAS A TYPESY PERFORMED?
CERTIFICATION									YES X NO
1	200 EXTERNAL CA	USE WAS	20b DESCRI	BE HOW INJURY OCCUR	RRED (	Enter noture of in ary in P	art or Port I of item 18	)	
	PRIMARY (% or CO) CAUSE OF DEATH.	ALKIBUTING L.J	S	tabbed by	ass	ailant.			
DICAL		RY Month, Doy, Year	2Dd INJUR			E OF INJURY Home, form,	20f (City or town	) 1'au	inty (Stote)
i ii	10:50	6-24-67 19	While of work	Not While of work	facto	a street en	Ocean Ci	tv. Word	ester, Md.
	21. I certify that I tool harge of the remains described above, held an Autopsy (A), Inspection (A), Inquiry (A), and in my opinion								
	deoth resulted fram: Natural causes D., Accident ., Servide ., Hamicide Undetermined manner								
	ACTUAL	11.00				CHIEF MEDICAL E	XAMINER		
	SIGNATURE EXAMINERS Barl L. Royer, II.D.  DEPUTY MEDICAL EXAMINER X  July 20, 1967						22. DATE SIGNED		
							20, 1967		
	NAME Tiype) 109 Camdon Ave., Sallsbury, 1.d. Address (Street, city, town or county)								
230	230 BURIAL (REMATION, REMOVAL (Spec.(y))  23b. DATE THEREOF 23c. NAME OF CEMETERY OR (REMATORY)  23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Spec.(y))  Rest Haven Cemetery Hagerstown-Washington-Md						. ,,		
							ton-Md_		
24	24. FUNERAL DIRECTOR ku ( Month ADDRESS 250 REGISTRAR 5 SIGNATURE POLICE PARENTE SIGNATURE PAREN								
R	est Haver	1 Funeral Hom	o, Hag	erstown, M	id.	DATE	£ 4 1301	mare	to judge

VR A15ME (5) 6M 1/67

FOR STATE HEALTH DEP

necessory, please execute the certificate writing the word 'pending in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3, Page

This certificate should be executed within 24 hours ofter death If

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

uny delay is



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10285

CERTIFICATE OF DEATH

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			3	12
	1	w	$u_{k_0,n}($	de

				. O & O W
I. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution. STATE b. COUN	
W COUNTY W	icomico	MARYLAND	Maryland	T
b CITY OR TOWN	(If outside corporate limits,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give nearest town)
SETTED	d n ve neorest town)	^	Baltimore	
	TAL OR INSTITUTION (If not in hospital,	,	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
Penins	ula General Ho	spital	419 S.Augusta Ave	YES NO E
3. NAME OF DECEASED	First	Middle	Lost 4. DATE Month	
(Type or print)	Joseph	J.	K1230 DEATH VILL	30 1967
S. SEX	6. COLOR OR RACE 7. MARRIED	THE PER MARKETON	8 DATE OF STRIK 9 AGE (In years 1 left birthdoy)	FUNDER I YEAR   IF UNDER 24 HRS.  Months Doys Hours   Min
Male	White WIDOWED		JCT. JI 1912   EL VIS	
10a USUAL OCCUPAT O during most of working		K ND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Bart		Oasis	Baltimore Md.	U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME	
Lance Control of the	aro Rizzo		Maria Landolfi	
15 WAS DECEASED EV	ER IN U.S ARMED FORCES? 16 (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17	INFORMANT Addre	
(103,110,010111110411)	2	16-07-2851 M	ra. Joseph J. Rizzo (41	9 S. Augusta Av
18 CAUSE OF D	EATH (Enter only one couse per line for	or (6), (b), and (c))	1.000	INTERVAL BETWEEN
PARTIDE	TH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ento enta	from alun.	ONSEP AND DEATH
	DUE TO	2	N 9 1	11.1
Conditions, if on		ayo caron	a myonerun	4 nous
stoting the unde		the iso elerst	ie Comany linky	D- Nor Khown
PART II OTHER/S	IGNIFICANT CONDITIONS CONTR.BJTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY
200 ACCIDENT NO OR CONTRIBUTION OR CONTRIBUTION	un Mosano	ma- fre	bets Melletins.	PERFORMED? YES NO [F]
200 ACCIDENTAV	S UNDERLYING 1 205 [		(Enter nature of injury in Port I or Port II of item 18.)	
	G 🗆 CAUSE OF DEATH ( MEDICAL EXAMINER)			
20c TIME OF IN	URY Month, Doy, Yeor 20d		ICE OF INJURY (Home, farm,   20f (City or town)	(County) (State)
Hour o	10	e Not While foot	tary, street office bldg., efc.)	/
	ify that (1) (this hospital) atte		7/20/198/10 7/3	0 /19 6 / that (I) (we) las
	leceased alive on 7/	/ ~ / /- /	at death occurred at 212M, from causes	and on the date stated above
220 SIGNATURE	10/11/	(	ATTENDING MED. STAFF	22b. DATE SIGNED
	7/1-10	М.	D PHYS. L. DIRECTOR L. PHYS L.	11-50-67
22c. PHYSICIAN' NAME (Type			22d ADDRESS	
HAME (14)				
230 BJRIAL, CREMATI		23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Tov	wn) (County) (Stote)
REMOVAL (Specif	Aug 2nd 196	7 Lorraine Pa		gwood Rd Md
24 NUNERAL DIRECTO	ORC CV	ADDRESS-11	1007	GISTRAR'S SIGNATURE
tround	Dalia Whee	3225, Huch	DATEAUG 1 1967 /	The same

on papers. Pages I and within 72 haurs after death TO COSTITAL OR ATTENDED PRYSHAM: The low requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the haspital at attending physician. letery filled in by the fund TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys cian and complet director, page 3 shauld be detached for use as the burial-transit permit. Then please remained shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event.

VR A15 (4)



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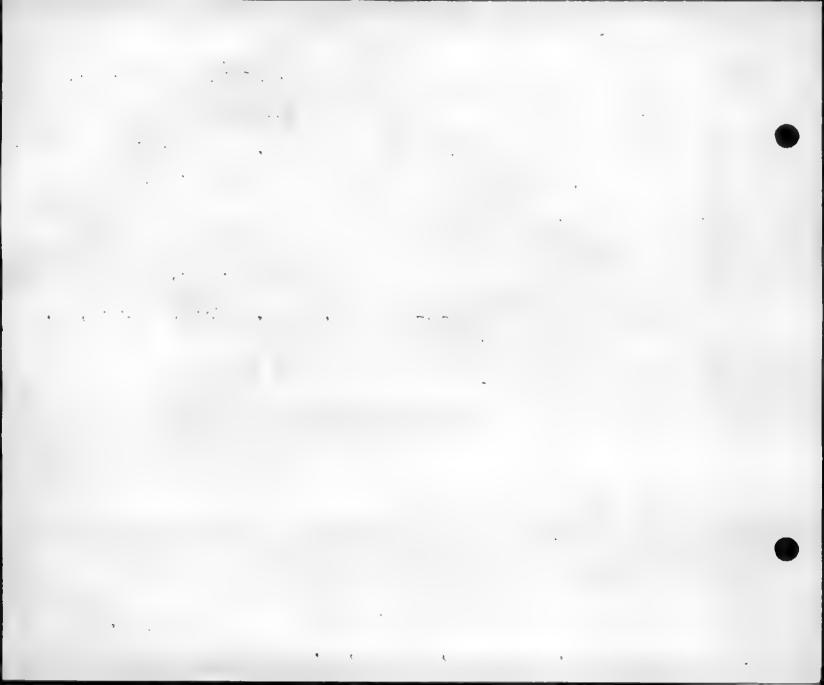
CERTIFICATE OF DEATH

RE, MARYLAND 212	01
~	2005
ed if institut an Resideni b COJNTY Wic	e befare admission)
its, write RURAL and give	* *
Street	e IS RESIDENCE ON A FARM? YES NO 3
Manth	Day Year
Tuly	14 1967
(In years   IF UNDER   birthday)   Months	- /
	ZEN OF WHAT
in	
ey Address	
ox, Salisbu	nu Mi
	INTERVAL BETWEEN ONSET AND DEATH
	Wiels
	1 Jeans
PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO
item 18.)	
(Cau	nly) (Stote)
	, that (I) (we) last
	e date stated above.
22b 104	TE SIGNED

THE REAL PROPERTY.		GOUNTY Wicomico MARYLAND	o. STATE Story by Destroived it institut on kestoerice before domission)
s. Page hours after		b CITY OR TOWN (If acts de corporate limits, c EENGTH OF STAY IN 16 SELLES DOUTS pearest town)  5 days	c CITY OR TOWN (If auts'de carparate limits, write RURAL and give nearest tawn)  **Shortskann Salisbury**
tely filled in I rbon popers. vithin 72 ho		d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)  Peninsula General Hospital	d STREET ADDRESS  820 E. Church Street  on A FARM?  YES NO T
ond completely fi	ĪS	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED E BIVORCED DIVORCED	Day Year  OF DEATH  OF DEA
	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if refired)  Factory worker  FATHER S. NAME	11. BIRTHPLACE (County & Stote, or foreign country)  12. CT ZEN OF WHAT COUNTRY?  Wicomico Maryland  14. MOTHER'S MAIDEN NAME
ottending physician permit. Then please on, or removal, and	15 (Ye	es, no, ar unknown) liff yes give war or dates of service)	Lizellen Kinnikin NFORMANT Massey Address
<u></u>		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caccada remail	rs. Mary E. Abbiason, Salisbury, Md.  INTERVAL BETWEEN ROSET AND DEATH  ROSET AND DEATH
signed n signed e bur ol-		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost  OUE TO	une fever weeks
use ho	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	YES NO
		OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I ar Port II of item 18.)
After this d be deto e State De	MEDICAL	Haur o.m.  19 While Nat While of work of work	E OF INJURY (Hame, farm, 20f (City ar town) (Caunty) (Stote) any, street, affice bldg., etc.)
TOR: Af hould b		21. I certify that (I) (this hospital) aftended the deceased fram saw the deceased alive an 1967, and that 220. SIGNATURE	Meath accurred at Care M, fram causes and an the date stated above
Secretary Discussions of the natural director, page 3 should be detached should be filed with the State Dept of		22x PHYSIGAN'S NAME (Type)	ATTENDING MED STAFF
o FUNI directo should		BURIAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CENTERY OF CENTER OF CE	metery Sharptoun, Md.
VR A15 (4) 3 20 M 1/66	24	MAURICE E. NEUWAM & SON, Sharptoun,	Aid.   250 REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   18 1967   19   19   19   19   19   19   19   1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hi≡rs after death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the former director, none 3 should be detached for use as the bar of-transit permit. Then please remove carbon pages. Page 1 fonds



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201, CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Wicomico MARYLAND .ILCO.ILCC Adm. in I d b CITY OR TOWN (If outside carporate mits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury 6/30/67 Salishury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 619 Wicomico Hotel YES 🗔 NO S lavinsula Cameral Hospital DATE 3 NAME OF Middle Lost Year DECEASED OF MARGUER I TE 196 (Type or print) DEATH YEAR SEX DATE OF BIRTH F UNDER IF UNDER 24 HRS 6. COLOR OR RACE (In years 7 MARRIED NEVER MARRIED arthdoy)/ Months Dovs Hours February 18, 1925 DIVORCED WIDOWED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) Department Store COUNTRY? que de la fatte de la control Russell County, Virginia 13 FATHER'S NAME 14 MOTHERS MAIDEN NAME Everett W. Robinson Allie Kate Sword INFORMANT 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Mr. Clarence Stump (Brother-in-law) 1346 Dewey Ave., Kingsport, Tenn. (Yes, no, or unknown) (If yes give wor or dotes of service) 414-34-8557 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Dueumoni IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION CC1-dice NO 20b DESCRIBE HOW INJURY OCCURRED (Enterproture of injury in Part I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH ( F EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour om factory, street, office bldg., etc.) Not Whee 21 I certify that (1) (this hospitel) attended the deceased from June 30, 1967, to 4- 19 C / that (1) (we) last 3 1967, and that death accurred at 5 45 M, from couses and an the date stated above. saw the deceased alive an\_\_\_\_\_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS 22d **ADDRESS** 22c PHYSICIAN NAME (Type) Dr. Thomas C. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 123d LOCATION (City or Town) 230 BURIAL CREMATION. 23c REMOVAL (Specify) Russell Memorial Cemetery Lebanon, Virginia Ruria1 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR

MARYLAND

HOLLOWAY & COMPANY, SALISBURY,

1967

TO FUNERAL DIRECTOR: After this certificate has been Page 4 may be retained director, page 3 should should be filed with the VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after, death

by the haspital ar attending physician.

hours after

within 72

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attending physician and co permit. Then please rema on, ar remaval, and in any,

signed by the after burial-transit perm burial, cremation, a

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State Dept. of detached

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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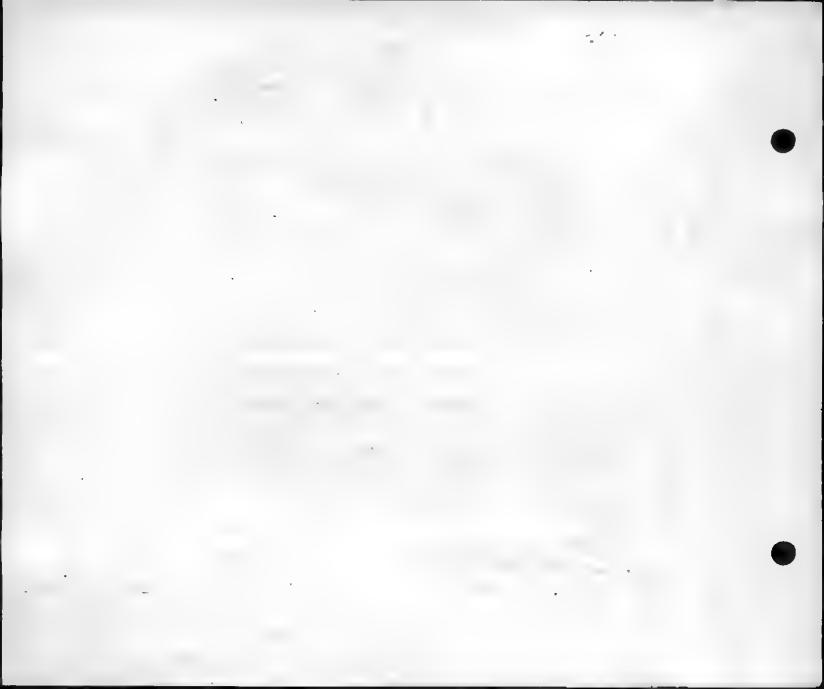
CERTIFICATE OF DEATH

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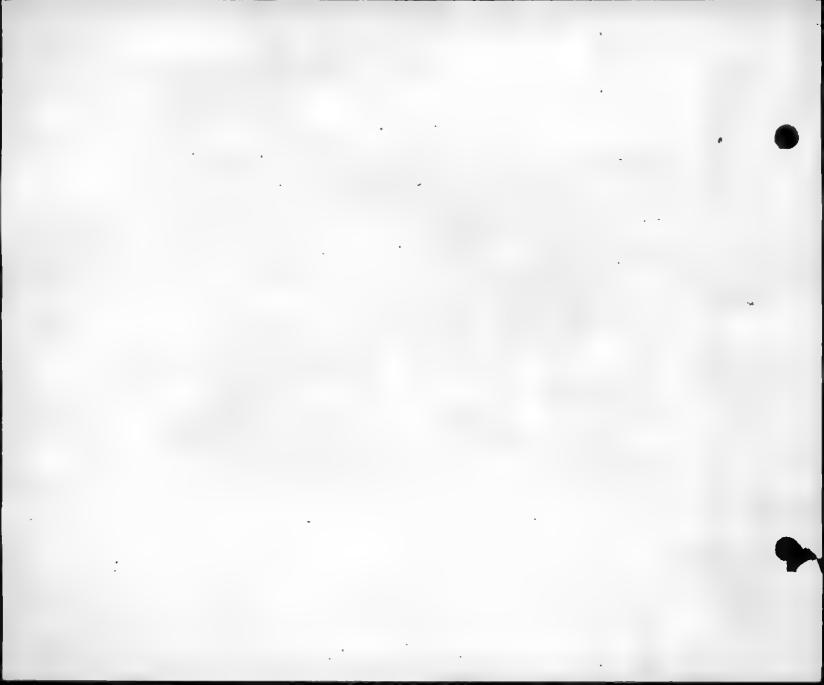
		, CERTIFICATE	OI PEAIII		- 6 9	7 · J
	PLACE OF DEATH			(Where deceosed lived, if instr		e before admission)
	o. COUNTY Wicomico	MARYLAND	o. STATE Mar	yland b (0	Wico Wico	mico
	b CITY OR TOWN ( flautside carparate limits.	C. LENGTH OF STAY IN 16		autside carparate limits, write l		
	write RURAL and give nearest town) Sallsbury	56 days	Fru	itland		
-	d NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS			e IS RESIDENCI
	Deer's Head Sta	te Hospital	Box	163		ON A FARMS
3.	NAME OF First	Middle	Lost		anth	Dey Year
	DECEASED (Type or print) WILLA		COTT	OF DEATH 7	,	25 1967
_			DATE OF BIRTH	9 AGE (In years		
1	F W	WIDOWED M DIVORCED	21/-1/8	8/ last hirthdoy)		Days Haurs M
Qa	SUAL OCCUPAT ON (Give kind of gvork dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	y & Stategor fareign country)	12 CITIZ	ZEN OF WHAT
dur	ng mast of work ng life, even if refred)	INDUSTRY Home	Marila	m	COU	NTRY? US
13	FATHER'S NAME	11-	14. MOTHER'S MAIDEN	NAME	1	
	Smith all	Louts	1sout	E. 1/2	lu de	,
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. I	NFORMANT	Ad	dress ,	1 1
(Ye	es, no, or unknown) (If yes give wor or dates of se	TVICE)	respec al	fort to	The	1 mil
Ť	18 CAUSE OF DEATH (Enter only one couse p	per line for (o), (b), and (c) )	7 00	004 (7110)	7707	INTERVAL BETWEE
	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	Cerebral vascular	accident			ONSEL AND DEATH
	607 X DUE TO					
	Conditions, if any, which gove the Chronic urinary tract infection					
	rise to immediate cause (a), Stating the underlying couse DUE TO					
	last (c)	Right renal stag	horn calcul	lus		Years
_	PART I OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?
AT I						YES NO
CERTIFICATION	200 ACC DENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of #em 18)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, for		(Cour	rty) (State
ME	Haur 'a m. p.m. 19	While Not While I factor	ory, street, office bldg., etc	)		
	21. I certify that (1) (this haspite	al) attended the deceased from Ma	ay 30 ,	19 67, to July	25 , 196	7 , that (1) (we)
	saw to deceased alive an Ju.	Ly 25 19 67, and that	death accurred a	13:001 M, fram cause	s and on the	e date stated ab
	22a. SIGNATURE	41.11	ATTENDING -	MED STAFF		TE SIGNED
	1 CAJU	chy M.D	PHYS	DIRECTOR PHYS	X 7/25	5/67
Ì	PHYS CIAN S NAME (Type) A C Mit-	hell W D	22d ADDRESS	ad Chaha Haar	1467 (	Md.
	2. 0. 17100	chell, M. D.		ead State Hosp		parrapury,
23a	BURIAL, CREMATION, 23b. DATE THEREC	F 23c NAME OF CEMETERY OR	CREMATORY	23d LOCAT ON (C ty or	Jown)	(State)
1	Junay 1/001	( ) omb	Com	Weal a	event,	german pu
24	FUNERALD REPORT	NO PRESS	_ // //		REGISTRAR'S SIG	
	IVICIEMON VI les	now I Welling	9 JUL DATE N	UI 2 8 1967	Lincon	Can Jungar

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and to any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hosp tol or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss an) PLACE OF DEATH a. COUNTY Wicomico ion papers. Pages 4, within 72 hours offer MARYLAND c. LENGTH OF STAY IN 15 be executed within 24 hours off b. CITY OR TOWN (f autside carparote limits, firmits, write RURAL and give nearest town) write\_RURAL and give nearest town) Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress d STREET ADDRESS filled Peninsula General Hospital YES | NO V 3 NAME OF corbon Middle DATE Month Doy completely DECEASED Type or print) DEATH eve SEX 6 COLOR OR RACE DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HR 7 MARRIED NEVER MARKIED n years 0.46 miday) Manths Days Hours WIDOWED DIVORCED rem puo 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL DCCUPATION (Give physician o ien pleose COUNTRY? The low requires that the deoth certificate 13. FATHER JAME 14 гетточо IS WAS DECLASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN' (Yet no plynkhown) (If yes give wor or dates of serv ce) buriol, cremation, or permi INTERVAL BETWEEN CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) signed by the bur of-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or attending physicion. DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause os the prior to has been lost. 19 WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION 15 Sease YES this certificote ģ 200, ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH filed with the Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Stote) (County) Haur a.m. foctory, street, affice bldg., etc.) While Nat While of work 21. I certify that (1) (Hose heartest) attended the deceased fram July The July 1967, that (1) (we) last should and that death accurred at 1200 M, fram causes and on the date stated above. 1967 TO FUNERAL DIRECTOR: saw the deceased alive an Vala 220. SIGNATURE 226. DATE SIGNED M.D. DIRECTOR PHYS PHYS director, page should be filed 22c. PHYSICIAN'S NAME (Type) CREMATORY AL CREMATION DAJE THEREO LOCATION (City op/Town (Coonty) (Stote) REGISTEAR & SIGNATURE PUNERAL DIRECTO VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10290	CERTIFICATE	OF DEATH		10867
1. PLACE OF DEATH  • COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Where o STATE Virg.	P COIII	NTY Accomack
b (TTY OR TOWN (1 outside carporate limits, Santa RURA and area pearest town)	L Wooks	c. (STY OR TOWN (If outside Blo:		RAL and give nearest town) Mears
a NAME OF HOSPITAL OR INSTITUTION (4 not in hospi Peninsula General F		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print) VIRGINIA	Modle SCOTT	5/ 10 /4/	DATE Mon-	by Year 1967
S SEX 6 COLOR, OR RACE 7 MARR	프 프	8 DATE OF BIRTH Oct. 17. 19	9 AGE ( n years last birthday)	FUNDER YEAR IF UNDER 244RS Months Days Hours Min.
100 USUAL OCC. PAT ON (Give kind of work done during impst of working life, eyen if retired)	h KIND OF BUSINESS OR HNDUSTRY Domestic	Accomack		12 CITIZEN OF WHAT COUNTRY?  USA
13. FATHERS NAME Hurley Soot	t	14. MOTHER'S MAIDEN NAME	Monnie Cus	tia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service)	16 SOCIAL SECURITY NO. 17	F. Vincent	Addre	
Cond tions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.  PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	OCCOPATION OF THE PROPERTY OF	gby of care	iel	2 y C2  19 WAS AUTOPSY PERFORMED?
3 Cours Vino	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port	or Part II of item 18.)	LEGUA YES X NO [
Hour a.m. y		CE OF INJURY (Home, form, lary, street affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) of saw the deceased alive an 220. SIGNATURE	tended the defeased from	attending X MED		19 / that (I) (we) la and an the date stated above
22c PHYSICIAN'S NAME (Type)	CAPINERS	22d. ADDRESS	ICH CE	WHERE STATES
230 BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/20/67	230 NAME OF CEMETERY OR Modest Town		23d LOCATION (City or To Modest To	wn) (County) (State) Wn Accomack Va
24. PONTRAL DIRECTOR 7	ADDRESS	2So. REC D BY	REGISTRAPO 25b A	DELLARY ENATORINGE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath erificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campterery filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye capage papers. Pages I and VR A15 (4) 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10291

CERTIFICATE OF DEATH

10291

- 1		207		
			USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admission)
- 1	C	o. COUNTY N CO MICO MARYLAND	a STATE b. COUNTY	AMINK .
	b	b CITY OR TOWN (If autside carparate imits,   c LENGTH OF STAY IN 1b   c	CITY OR TOWN (It putside corporate I mits, write RURAL and give	neorest town)
		write RURAL and give nearest town)	MILLIABRE	
	d		STREET ADDRESS	e S RESIDENCE
)		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	RD.	ON A FARM?
	2 1	NAME OF First Middle	Last 4 DATE Month	
		DECEASED	OF 1.4	Day Year
	_	(Type or print)  SEX A COLOR OR RACE 7 MARRIED NEVER MARRIED ST 8 5	DATE OF BIRTH 9. AGE (In years   IF VNDER )	YEAR I FUNDER 24 HRS
	2 2	The state of the s	District of Different Control of the	Days Hours Min.
		M WIDOWED DIVORCED N	1 V. 21, 1706 60 VIS	
		a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 1 ring mast of working life, even if retired) INDUSTRY		ZEN OF WHAT NTRY?
		FARMER FARM	WILLARDS MD	SIA
	13	FATHER'S NAME	4. MOTHER'S MA DEN NAME	
	1	ERNEST W. SMITH	ROSA MORRIS	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	<b>ORMANT</b> Address	
	(Tes	es, no, or unknown) (fyes give wor ar dotes af service) 214-30-7845	SCAR SMITH WILLAN	205 MD
		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	22211	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	lines with Egops	ONSET AND DEATH
		MMEDIATE CAUSE (a)  DUE TO	The state of the s	
		Conditions if you which your >	معين	3200
		rise to immediate cause (a), (   DUE TO	-	
		storing the underlying cause		
	}		TERMINA DISCASS COMPLYION CIVES IN DADY 1/->	19 WAS AUTOPSY
	NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ITEMMA DELASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
	8			AEZ NO
	RI	20b DESCRIBE HOW INJURY OCCURRED (Ent. OR CONTRIBUTING ☐ CAUSE OF DEATH	ter nature of injury in Part I ar Part II of item 1B.)	
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL CERTIFICATION	The second secon	OF IN, URY (Hame, form, 2Df (City or tawn) (Caur street, affice bldg, etc.)	nty) (State)
	ME	Haur a.m.  19 While Nat While of work at work	, sheet, drike blog , etc.)	
	ſ	21. I certify that (1) (this haspitar) attended the deceased fram	1967, to July 13, 196.	z, that (I) (we) last
		saw the deceased alive an 9 13 1945, and that a	eath accurred at L. A. M, fram calses and an the	
		22a SIGNATURE	ATTENDING MCD CTACE	TE SIGNED
		Chas B day MD	PHYS B DIRECTOR BY STAFF 7-	15 1967
		22c. PHYSICIAN S	22d. ADDRESS	
/		NAME (Type)	Beslin max	
	230	O BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	MATORY 23d LOCATION (City or Town) (	County) (State)
	0	3 URIAL 7 1067 NEW HO	PG WILLARDS	W OIL
	74	4 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIG	NATUR
		Ama A Bushace Bulin 1	DATEJUL 18 1967 James	to feed for

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removementation papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremot an or removal, and in adversary, within 72 hours after death. TO HOIPITAL OR NITENIME MAYICIAN: The low requires that the leoth certificate be executed within 211 Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

CLENGTH OF STAY N 1b

M ddle

NEVER MARRIED

DIVORCED

3 weeks

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1	2 3	٠,	4	1
- 1	1 3	6	J	5.0
nalles.	~		_	

Wicomico

6 COLOR OR

(Yes, no, or unknown) (If yes give wor or dotes of service)

None

during most of working life, even if retired)

William Bradshaw

IS. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove

nse to immediate couse (a),

stoting the underlying couse

200 ACCIDENT WAS UNDERLYING [

Hour e.m.

220. SIGNATURE

22c PHYS-CIAN'S NAME (Type)

230 BURIAL, CREMATION.

BIT-REMOVAL (Specify)

24 FUNERAL DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Year

saw the deceased alive on ->

Am as

Bradshaw & Sons, Crisfield, Md.

Thomas C. Hill.

July 20, 1967

23b. DATE THEREOF

d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)

First

7 MARRIED

WIDOWED

X

None

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.

8-20-6892

205 DESCRIBE HOW INJURY OCCURRED (Enter

M.

**ADDRESS** 

23c. NAME OF CEMETERY OR CREMA

Rhodes Point Cer

Not White at work

20d INJURY OCCURRED

Jr.

While

2). I certify that (I) (this disspitat) attended the deceased framework

Elizabeth

CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

DUE TO

DUE TO

(b)

PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL

Peninsula General Hospital

b CITY OR TOWN (If outs de corporate limits, SALLS DULLY

1. PLACE OF DEATH

NAME OF

DECEASED

(Type or pnnt)

13. FATHER'S NAME

No

lost.

CERTIFICATION

MEDICAL

### CERTIFICATE OF DEATH

d S

8 DAT

Sep

11.

RI

14.

17. INFORM

Mrs.

20e. PLACE OF

and that dea

C.M.D

foctory, str

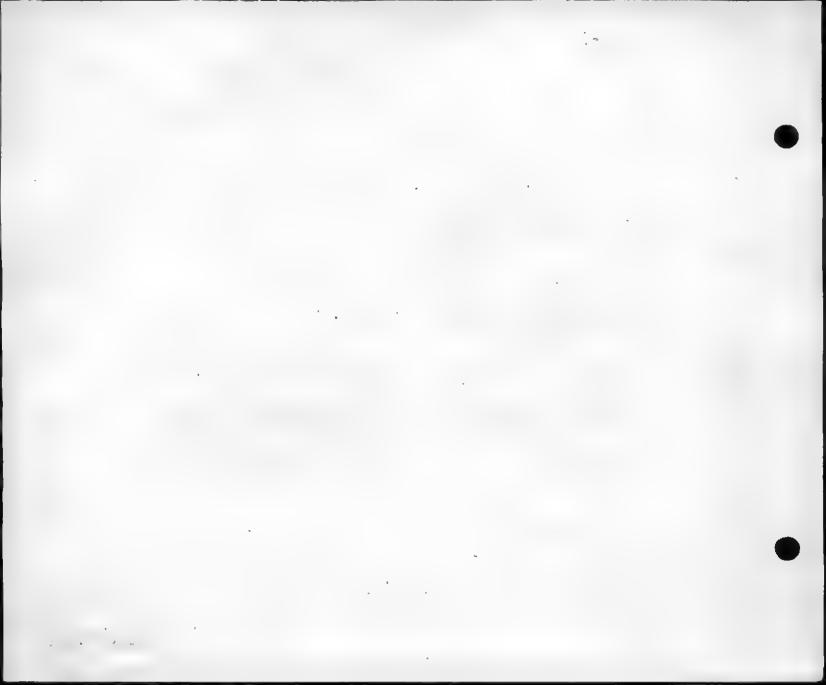
DEATH	10009
SUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)
STATE Maryland b COUNTY	Somerset
TY OR TOWN (If autside corporate limits, write RURAL	and give nearest town)
Rhodes Foint	
REET ADDRESS	e IS RESIDENCE ON A FARM?
Rural	YES NO X
Lost 4 DATE Month	Doy Year
DEATH STATE	17 1967
a fast hurthday) M	FUNDER I YEAR   IF UNDER 24 HRS   In the state of the sta
BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT LOUNTRY?
nodes Point, Md.	USA USA
MOTHER'S MAIDEN NAME	
ngie Evans	
AANT Address	
Jean Pearson, Same as 2.	abcd
Pancrear Liver +	INTERVAL BETWEEN ONSET AND DEATH
(Primary un certain	.)
MINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	YES NO
noture of injury in Port I or Port II of item 18.)	
NJURY (Home, form, 20f (City or town) set, office bldg., etc.)	(County) (Stote)
e. 26, 1961, 10 July 17	, 19.62, that (I) ( last
th accurred at 330 M, from causes an	d an the date stated above.
TENDING DE MED. STAFF DIRECTOR PHYS	226 DATE SIGNED
Pine Bluff Road,	Solubury Md.
TORY 23d LOCATION (City or Town)	
netery Rhodes Point,	
250. REC'D BY REG STRAR 25h ESIS	IRAR SIGNAURE

1 and 2 burial-transit permit. Then please remove carbon popers. Pages 1 and 2 burial, cremation, or removol, and in ony event, within 72 hours after deoth. by the till Poges ed offending Enverture. signed by the attendii burial-transit permit. Page 4 may be retained by the hospital or attending physician. **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 1 TO FUNERAL DIRECTOR: After

The low requires that the death certificate be executed within 24 hours ofter

ATTENDING PHYSICIAN:

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

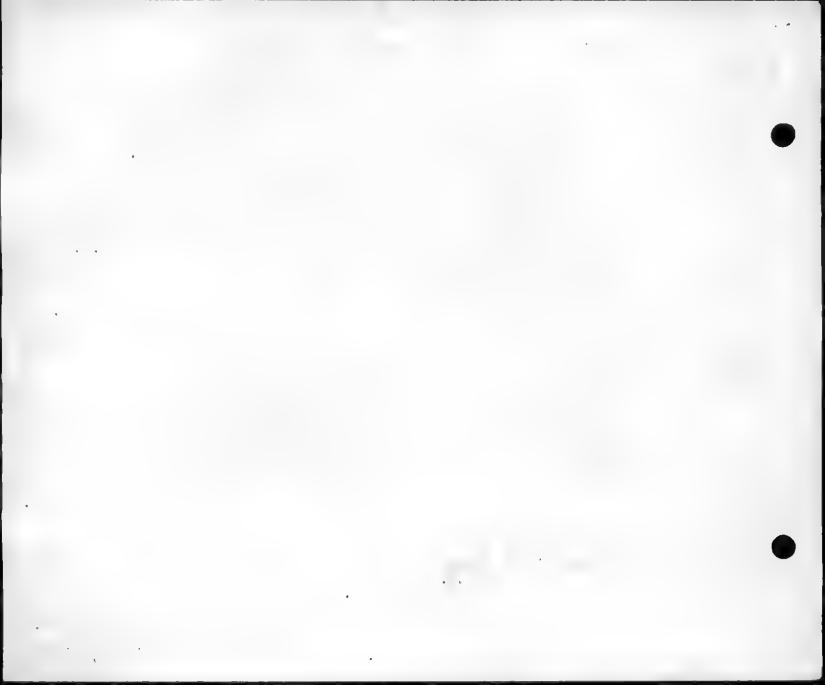
10293

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

100001

	3 ta	9	. *		100
TO DEPETY MINISTER EXAMINER: This certificate should be executed within 24 hours after death If any delay is	, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 1	al director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pag	retained far your files.	N. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Tand 2 with the Note Department of	Hea th prior ta bunal, cremation, ar removal, and in any event within 72 hours offer death
O DEPET	necessary	the funer	5 may be	O FUNERA	Heath pr
pan		R A			

			MILDI	AL LAMININE	1/ 3 /	CLIVITIC	AIL U	I DE	ATTI		-1-1	- "et	0.0	
	PLACE OF DEATH						SIDENCE (V	Vhere dec	reased lived, it			e befar	e admissio	n)
	o. COUNTY	Wicomico		MARYLA	ND	o STATE	Max	ryla	nd	b. COUN	IY W	icor	nico	
	b CITY OR TOWN (	If outside corporate limits,		c. LENGTH OF STAY IN 1	Ь	c CITY OR TO	OWN (If ou	tside corp	parate limits, y	vrite RUR	AL ond give	negresi	town)	
	WITE KUKAL OR	d give neorest town) Salisbury					Sa	lisb	ury			25	1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospital, giv	e street address)		d STREET AD	DRESS					-	ON A FA	ENCE RM2
		Johnson's La	ke				10	18 M	argare	t St	4	1		№ Д
3	NAME OF DECEASED	FRANCI	S	Middle HENRY		SPARKS		4. DAT		Month	7-17-	Doy 67		r
E	(Type or pnnt) SEX					DATE OF BIR	TU	DEA	9. AGE (In	11001	IF UNDER 1		19 1F UNDER	24 HPS
3.			MARRIED [	NEVER MARRIED :		May 3		952	last birt	rday)	Months	Days	Hours	Min
10-	Male	White (Give kind of work done		OF BUSINESS OR		11. BIRTHPL	/ /	p- (a-		yrs	12 617	ZEN OF	MILLAT	
	ring most of warking	life, even if retired)	1NDL				lirgi				(0)	NTRY?	A	
13	SCHOOL FATHER S NAME	ьбу			T	14 MOTHER'S	"tell"		2				AL +	
10.		Charles S	nanko				lary		h					
10		R IN U.S. ARMED FORCES?		CIAL SECURITY NO	17 11	NFORMANT	lat y	III CUL	. 4.4.	Addre	t c			
(Y	es, no or unknown)	(If yes give wor or dotes af se		None		lter (	7. S1	nark	cs. Sa			. M	d.	
-		EATH (Enter only one couse ;			17.00							-	RVAL BET	WEEN
		TH WAS CAUSED BY-	The	wning									ET AND D	
	1710	IMMEDIATE CAUSE (a).  DUE TO	201.	/#II ##15								214	20110010	00
	Canditions, if any													
	rise to immediat	le cause (a), (												
	stating the unde	riying couse (c)												
200	PART II OTHER S	GNIFICANT CONDITIONS CONT	RIBUTING TO	DEATH BUT NOT RELATE	D TO T	HE TERMINAL D	ISEASE CON	IDITION G	SIVEN IN PART	1(a)		19	WAS AUTO	
ATHON												YE	PERFORME S	NO K
TIFIC	20a EXTERNAL CA		20h DESC	RIBE HOW INJURY OCCU	JRRED (	Enter noture of	injury in I	Part I ar	Part 11 of item	18.)				
MEDICAL CERTIFICATION	PRIMARY DE CO CAUSE OF DEATH.	NIKIBUTING L		Found drov	med									
100		URY Month, Day, Year	20d INJU			E OF INJURY (			f (City or	lown)	(Cou	nly)	(	State)
¥	1 Hour X		While at work	Not While at wark	John	SON S	Lake		Salist	oury	Wice	mic	o, M	d.
	21   certif	y that look charge a	f the rema	ins described abov	ve, hel	a an Autap	sy 🔲,	Inspe	ection 🛣,	Inqu	iry 🔼,	and	in my	apinian
	aeath resul	ted from Natural c	au <b>se</b> s 🔲	, Accident 🍱	Suice	de 🔲, 📗	lamic <del>i</del> de		Undetermi	ned mo	anner 🗀			
	ACTUAL	// ()	1				F MEDICAL						O DATE	CIGNED
	SIGNATURE	me -	3				STANT MED				* 3		2. DATE	
		Earl L. Royer 109 Camden Av	. М. З.	alisbury, I	Id.	DEPL	JTY MEDICA				July	Lo,	190	1
230	BURIAL CREMATION	ON 23b DATE THEREC		23c NAME OF CEMETE	RY ORX	PENA MARK		23d.	LOCATION (C	ty or Tov	vn)	(County)	(51	late)
	BUYTAT	7-21-19	67	Union Gr	een	backv	ille	Wo	prcest	ter	Coun	ty,	Md.	•
24	FUNERAL DIRECTO	KIHKUP ALUU	1500				THE RESERVE	BY REG			G STRARS SI			
	Watson	Funeral Home	, Poc	omoke, Md.			WHI	24	1967	1	TO	1	0	



## \* MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		10294	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	. 03 4 3
DEPJ.		COUNTY Vicomico	MARYLAND	2. USUAL RESIDENCE (V o STATE Mary L	h	county  Wicomico
	t	CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)		CCITY OR TOWN (If as	tside corporate limits, write	B RURAL and give nearest town)
state Depart		Salisbury  NAME OF HOSPITAL OR INSTITUTION (IF IN	at in haspital, give street address)	d STREET ADDRESS	bury	8 IS RESIDENCE ON A FARM?
te D		Peninsula Ge	neral Hospital	714 E	ast Road	YES NO Z
1.	1	IAME OF F DECEASED Type or print)  INTLD	rst Middle RED STEPHANIE	STANLEY	4 DATE OF DEATH	Month Doy Year 7-11-67 19
	S. 5	EX 6. COLOR OR RACE Female AA	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 11-2-27	9 AGE (In yeo lost birthdo	y) Months Doys Hours Min
		USUA. OCCLPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUS NESS OR INDUSTRY	11 BIRTHPLACE (Stote	or fore gn country)	12 CITIZEN OF WHAT COUNTRY 2
adurs orrer	13	FATHER'S NAME  MARIAII	PRICE	14. MOTHER'S MAIDEN N	IAME TIF	CUFE
within 72 haurs	15' (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes		INFORMANT COTTIE	PRICE	210NRD
event within 72		1B CAUSE OF DEATH (Enter only one compart I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	()	age, spontan	eous, left	MERVAL BETWEEN
burial tra			tio Sub-acute bacter:		-	weeler
as a bu		nse to immediate cause (o), storing the underlying cause last.	(c) (c)			
	ATION	PART I OTHER S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	ID TION GIVEN IN PART 1(c	) PERFORMED?  AE2 NO ATTORY
10	L CERT F CATION	20c EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of njury n (	Port I or Part II of Item 18	)
	MED CAL	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home form tory, street, office bldg., etc.)		n) (County) (State)
5			ge of the remains described above hi		The same of the sa	Inquiry X, ond in my apinio
DIRECTOR		ACTUAL ST	ol couses , Acc dent , Sui	cide , Hamicide CHIEF MEDICAL	EXAMINER	d manner 22 DATE SIGNED
ealth priar		EXAMPLER'S Barl L. Ro	yer, (D.	DEPUTY MEDICA	ICAL EXAMINER	July 17, 1967
Health	230	BURIAL CREMATION, 23b DATE TH	Ave Salisbury I'd  GEREOF 23c MAME OF CEMETERY OR	A	, city, fown, or county)  23d LOCAT ON (City of	or Town) (County) (State)
	24	FUNERAL DIRECTOR	7-67 Green (lie	Menous 1		EGISTRARS SIGNATURE
4 1		West Funeral Home,	Salisbury, Md.	3441. 2	2 0 1967 1/2	Cliantes Juage



# FOR STATE HEALTH DEPT.

delay is

This certificate shamed be misecuted within 211 haurs after death If

MITTER TRAMINER:

the funeral director. Page 4 should be farwarded to the Chief Medical Exam ner's Office dangerenth) farm. PM3. Page 5 may be retained for your files. 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to bunal, crematian, ar remaval, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

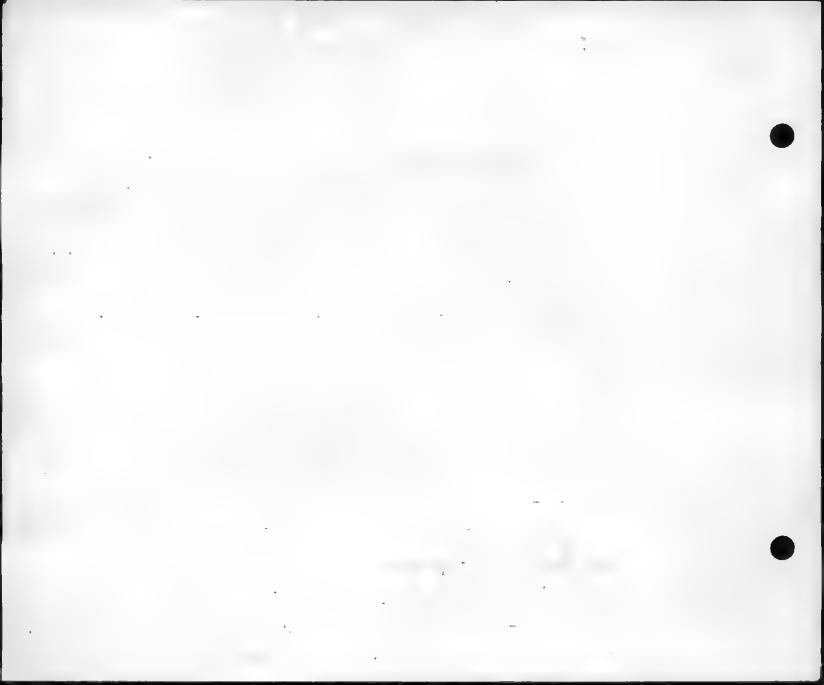
10295

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4520%

1 PLACE OF DEATH					leceased lived, if institution		fore odmission)
a. COUNTY	Wicomico	MARYLANI	a STATE	Harvland	b. COUNTY	Wico	mico
6 CITY OR TOWN	(If outside corporate limits,	c LENGTH OF STAY IN 16			irparate in ts write RURAL		
write RURAL o	nd give negrest town) Salisbury			Delmar			
	PITAL OR INSTITUT ON (If not in ho	endal and street address)	d STREET				e IS RESIDENCE
	· ·		9 31721				ON A FARM?
	Peninsula Gene				aware Ave.		YES NO
3 NAME OF DECEASED	First	Middle	Las	1 0	ATE Month	D	ay Year
(Type or print)	FRANKLIN	ELWARD	STA		EATH $7-19$		19
S SEX	6 COLOR OR RACE 7 MA	RRIED 🕱 NEVER MARRIED	8 DATE OF E			FUNDER 1 YEAR Months   Davi	
Male	White win	OWED DIVORCED	5-8-	-42	25 yrs	tionins Duy:	3 110013 14111
10a USUAL OCCUPATION		10b KIND OF BLSINESS OR	11 BIRTH	IPLACE (State or fare	ign country)	12 CITIZEN	
during most of worker	ng life, eyen if retured)  driver	lasgow & Davis	De	laware		COUNTRY	S.A.
13. FATHER'S NAME	OT I VOI	Lauson & Pavin		R S MAIDEN NAME		1 0.	Dene
	nso Stevens				at + an		
- A	VER IN L.S. ARMED FORCES?	1 16 SOCIAL SECURITY NO	17 INFORMANT	Leanor Wo	Address		
(Yes, no, ar unknawn	(If yes give war ar dates of service	A)					11
110		222-24-2795	rrs. L.	Leanor UL	ine, Delmar,		mother)
	DEATH (Enter only one couse per EATH WAS CAUSED BY						NTERVAL BETWEEN
1 AKT 1 DO	IMMED ATE CALSE (a)	Cerebral hemo	orrhage,	traumatio	С		ONSET AND DEATH Sudden
13	DUE TO						
	ry, which gave ) (b)						
rise to immedi							
last.	(c)						
PART II OTHER	S GNIFICANT CONDITIONS CONTRIB	LT NG TO DEATH BLT NOT RELATED	TO THE TERMINA	D SEASE CONDITION	GIVEN IN PART 1(o)		YEACTUR SAW P
i i							PERFORMED? YES NO
20g EXTERNAL PRIMARY TO OF CAUSE OF DEATH	CALSE WAS	20b DESCRIBE HOW IN.LRY OCCUR	RED (Enter nature	of mury in Part La	or Part I of Item 18"		14. Amil 14. [7]
PRIMARY TO OF C	ONTRIBUTING	Hit on back of	,	1 ,			lant
KIND ZE VI DEFILI	v.LRY Month Day, Year		PLACE OF NURY		2DI ((ity or town)	((ounty)	(State)
⊕ . Hours			factory street of Wagon Wi	Le bldg , etc )	, ,	* . //	
0.50	4111	While Nor While at work T			Salisbury,		co, lid.
21 I cert	<b>ify</b> that I <b>job</b> k charge of t	he remains described obove	e, held an Auto	psy X, Inst	pectian 🔀, 🛮 Ingu r	y $X$ . ar	nd 'n my ap nian
death resu	ulted from: Natural caus	💫 🔲, Accident 🔲,	Suicide ,	Homic de 💢,	Undetermined man	iner 🗌	
	12 11 1		ČĪ	HEF MEDICAL EXAMI	NER		
ACTUAL	can-1		M.D. A	SSISTANT MEDICAL EX	AMINER		22. DATE SIGNED
	Earl L. Royer,	M. D.	D	EPUTY MEDICAL EXAM	AINER TO	July 2	1, 1967
NAME (Type)	LOG Camdan Arra	- Saliebume Me	A	ddress (Sneer, chy, r	own, or county)	oury z	2, 2/01
230 BURIAL, CREMAT		23c NAME OF CEMETERS	OR CREMATORY	23	d LOCAT ON (City or Town	i) ((our	nty) (State)
REMOVAL (Speci	(y) 7 00 67	Odd Fellow	s Cemete	N. J. W.	laurel		Del.
24 FUNERAL DIRECT	An I I	ADDRESS	- 511000	2Sa REC'D BY RE	GISTRAR 25b REG	STRAR'S SIGNAT	TURE
Marve	l Funeral Home,	Delmar, Del.		DATE 1111 2	4 1967 8	liarle	Judge

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10296 2 200 3 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b COUNTY MARYLAND Ji echi eb b CTy OR TOWN (If autside carporate limits, C LENGTH OF STAY IN 15 OR FOWN Of outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) . 7: 30un d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES runiasula General 3 NAME OF 4. DATE Last Manth Doy DECEASED 0F (Type or print) DEATH S. SEX B. DATE OF BIRTH (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last bythdoy) Months Doys Haurs MIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) AND ETIRED 13. FATHER S NAME 14. MOTHER'S MAJDEN NAM THOMAS CURTIS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war ar dates of service (Yes, no. ar unknown) UNKNOWN INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4501 DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter rature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or tawn) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at wark at work 19: // that (I) (we) last 21. I certify that (I) Phis hospital) attended the deceased from Z, and that death accurred at 3 3 M, from causes and on the date stated above. 196 sow the deceased alive an 22a SIGNATURE 22b DATE SIGNED **ATTENDING** MD. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23d, LOCATION (City or Town) 230 BURIAL, CREMATION 236 DATE THEREO NAME OF CEMETERY OR CREMATORY (County) (State) CMOVAL (Specify) EMCIER MU 20m

REGISTRAR

25b. REGISTRAR'S SIGNATURE

Poge 4 may be retained by the hospital ar ottending physician. O FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the VR ATS (4) 20 M 1/66 v

24 FILINERAR DIRECTOR

deoth.

poper An 72 filled

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сотр

puo

physician o

signed by the ottending physi buriol-transit permit. Then pl burial, cremation, or removol,

has been of Heolth prior to

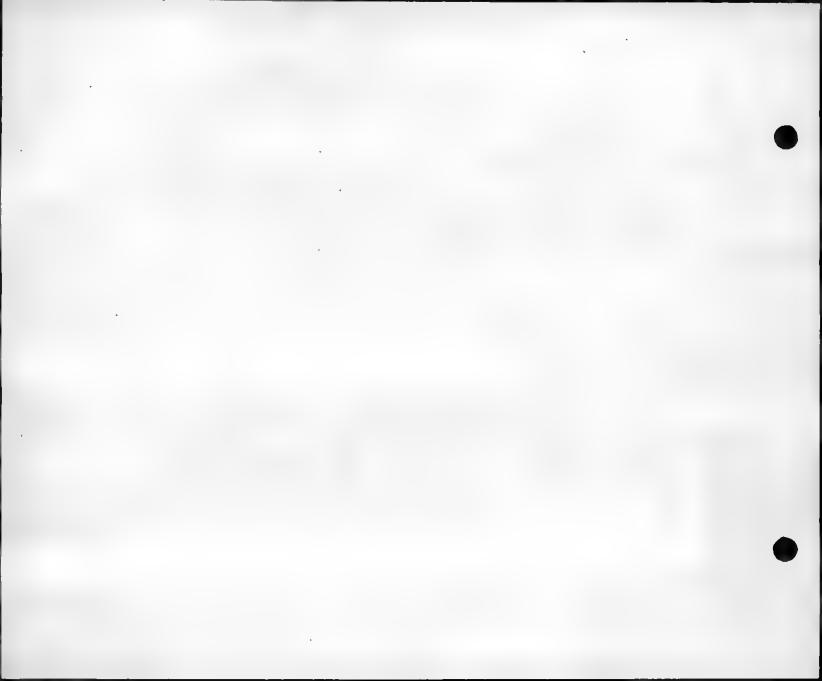
detoched

pe

Stote Dept

ATTENDING PHYSICIAN: The law

mayires that the death certificate be executed within 24 haurs, after death



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10297	CERTIFICA	TE OF DEATH	100017
1. PLACE OF DEATH  0. COUNTY  Wicomico	MARYLAND	o. STATE Maryland	ived, il institution: Residence before admission) b. COUNTY Wicomico
b CITY OR TOWN (If outside corporate write RURAL and give nearest low Salisbury	e mits, c LENGTH OF STAY IN 16	Salisbury	emits, write RURAL and give nearest town)
d NAME OF HOSPITAL OR INSTITUTION 326 N. Divi	l (If not in haspital, give street address) sion St.	d. STREET ADDRESS  326 N. Divisio	on St. Yes No S
3 NAME OF DECEASED (Type or print) GE	First Middle ORGE HANDY	USST 4 DATE OF DEATH	Month Doy Year July 12, 1967
S SEX 6 COLOR OR RA	CE 7 MARRIED NEVER MARRIED WIDOWED X DIVORCED	B DATE OF BRIH Aug, 22, 1866	GE (in years   IF JNDER 1 YEAR   IF UNDER 24 HR ust birthday)   Months   Doys   Hours   Min
Oo USJAL OCCUPATION (Give kind of wor luring most of working life, even if retired NET INISTER	done 10b KIND OF BUSINESS OR Protestant	11 BIRTHPLACE (County & Stote, or foreign Wicomico-Maryla	COUNTRY 2
	r L. Wailes	14. MOTHER'S MAIDEN NAME Anna Todd	
15 WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes give wor or NO	dates af service)	7. INFORMANT Miss Laura Wailes	Address See #2
Conditions, if any, which gave isse to immediate cause (o), stoting the underlying cause	CAUSE (o)	Juesung	ONSET AND DEATH
200 ACCIDENT WAY INVERTING OF OR ONTRY BUT MEDICAL EXAMINE	ONS CONTRIBUTING TO DEATH BUT NOT RELATED  BOTH STATE  20b DESCRIBE HOW INJURY OF CORRE	1 / N 7	PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Hour o.m. p.m.	Yeor 20d INJURY OCCURRED 20e.  19 While Not While ot work ot work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	Ity or fown) (County) (Stote)
21. I certify that (I) (the saw the deceased alive	s haspital) attended the deceased fran	n, 19 <i>60</i> , ta_ that death accurred atM, f	ram causes and an the date stated aba
22c PHYSICIAN'S	lip A. Insley, Sr.	M.D ATTENDING DIRECTOR CONTROL DI	STAFF D 7-17-6
married to the state of the sta	ate thereof 23c name of cemetery 5/1967 Parsons (	Cemetery Sal	ION (City or Town) (County) (Stote) Lisbury, Maryland
24 FUNERAL DIRECTOR Hill Funerall	Home Salisbury, Mary	250 REC'D BY REGISTRAR	1967 REGISTRAR S SIGNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



1		MARYLAND STATE DE			AND 21201
	10298	CERTIFICATE	OF DEATH		10298
1	Q. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (V	I COLLA	an: Residence before admission) ITY Sussex
	b CITY OR TOWN (If autside carparate limits SELLSDURY	adm. of har in a 6/14/67	c CIFY OR TOWN (IF ou Laure	tside carparate Amits, write RUR 1	RAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in Peninsula General		d. STREET ADDRESS Marke	t Street	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or paint) MARY	FRANCES	VEBB	4 DATE Mont OF JULY	Day Year 20 19 67
5	- / / /// / .	THE PERSON NAMED IN	ctober 25,1	392 9 AGE (n years last to rihday) 74 yrs.	Months Days Hours Min.
	on USUAL OCCPATION (G ve kind of work done uring most of working, te, even if refired) (Reti innotype Operator (Reti	red Newspaper	Nashville	8 State ar fareign country) Tenn •	12. CITIZEN OF WHAT
	3. FATHERS NAME harles Fredrick Ratcli	iffe	14 MOTHER'S MAIDEN N Elizabeth		
(1	S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give wor ar dates of sen NO	vice) 010 10 0700 M	nformant r. William arket Stree	W. Webb (Husba t, Laurel, Del	ind)
	1B. CAUSE OF DEATH (Enter only one cause po PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line (a) (b), and (c))	2 des	ophople	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave )  (b)	Cardior	asca	ear He	art
	rise to immediate cause (a), stoting the underlying cause last.	Disease.			
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY

205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

N/A 20d INJURY OCCURRED While Nat While

at wark

SALISBURY, MARYLAND

20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)

20f (City or town) (County)

(County)

YES

That

(State)

date stated above

(State)

NO

21. I certify that (I) (this haspital) attended the deceased and that death accurred saw the deceased alive an 22a. SIGNATURE

at wark

ATTENDING PHYS.

at

MED DIRECTOR STAFF PHYS. 22b. DATE SIGNED July 20, 1967

an the

Salisbury, Maryland

203		Peninsu	ıla	Gener	al Ho
or constant for with		NAME OF DECEASED Type or print)		F) MAF	rst <b>Y</b>
l comple move ca ny event	S FZ	MA/E	6. (01)	OR, OR RACE	7 MARRIED WIDOWED
cian and co	10a duri L 1	USUAL OCCUPATION ng most of working notype 0	(G ve kıı fe, even <b>per</b> a	nd of wark dane of retired) ator (Re	etired
g physic Then plan maval,		rathers name arles Fr	edri	ick Rato	cliffe
the attending physician and completely sit permit. Then please remove carbo notion, ar remavol, and in any event, w	(Ye	WAS DECEASED EVE s, na, ar unknawn) O			of service) 16
ran Cren		1B. CAUSE OF DE PART I. DEAT	H WAS	ter anly one cau Caused By; Amediate Cause Due	(0)
een signed the burial- or to burial,		Conditions, if any, nse to immediate stating the under last.	e cause	(a), ( nuc	(b) (c) (d)
. DIRECTOR: After this certificate has been age 3 shauld be defached far use as the filed with the State Dept. of Health prior to	ATION	PART II. OTHER SK	GNIFICAN	IT CONDITIONS C	ONTRIBUTING
certifical ned far t. of He	MEDICAL CERT FICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSI	E OF DEATH	205. I
er this cert e detached ate Dept. o	MEDICA	20c. TIME OF INJU Hour our pin	1.	nth, Day, Year 19	20a Whil at wa
OR: After		saw the de		(I) (this has alive an_	spital) atte
OIRECT le 3 sh ed with		220. SIGNATURE	en	nin	14
ar, pag d be fil		22c. PHYSICIAN'S NAME (Type)	Ca	RRIL	= 11
director, poshauld be	230	BENOVA Specify		235 DATE TH	ereof 4,1967
VR A15 (4K	24	FUNERAL DIRECTOR		COMPANY	. SALT
20 68 3766 15		HILL LIWAY	CT.	- DMP ANT	· SAL

Parsons Cemetery ADDRESS

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town) Salisbury, Maryland

2Sa. REC'D BY REGISTRAR

causes and

VR A15 20 M

ders Poges I and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

Health or its designated agent, prior to burial, cremation, or removal, and in any event within 122. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 5 moy be retained

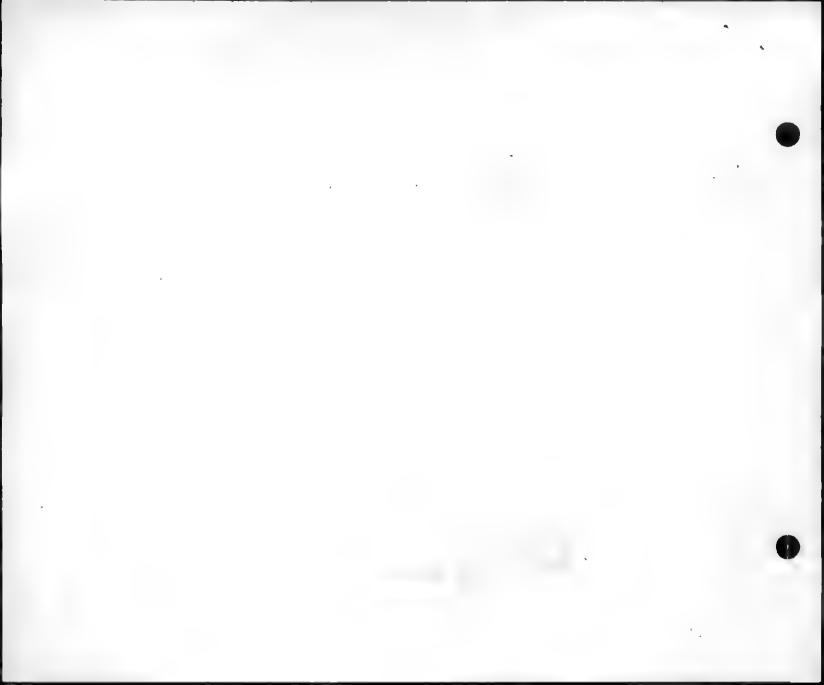
10299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	400	$\sim$	100	$\cap$	9 4	
	le le		0	C	. 9	
	J.	60	1.50	100	2,7	
han	Pacidon	ro h	n far	0 0	el m	er ion

O. COUNTY				O STATE	rnere deceosed I ved, it in:	county	e betare admission)	
W1	comico		a STATE Maryland b. COUNTY Wicomico					
b CTY OR TOWN write RURAL or	(If autside corporate limits, ad give pearest town) (A P T OWN	AY IN Ib	c CITY OR TOWN (f autside corporate limits, write RURAL and give neorest tawn)  Sharptown					
d NAME OF HOSPI	TAL OR INSTITUTION (If not in h	naspital, give street address		d STREET ADDRESS			e IS RES DENCE	
	7 State Street				State Stree		YES NO	
3 NAME OF DECEASED	First	Middle		Last	OF	Month	Day Year	
(Type or print)	LINDA			WELLS	DEATH July	29	19 67	
S SEX	6. COLOR OR RACE 7 A	MARRIED NEVER MA		DATE OF BRTH	9 AGE ( n yea last birthdo	rs IF UNDER 1	Days Hours Min	
Female	White W	IDOWED Baby DIVO	RCED A	ril 28,196		rs 3	1	
10a USLAL OCCUPATIO during most of working	N (Give kind of work done	10b KIND OF BUSINESS C	R	11 B RTHPLACE (State	ar fareign cauntry)		IZEN OF WHAT	
None	g me, even in remed)	MDF21KL		Salisbury, Maryland USA				
13 FATHER'S NAME		•		4. MOTHER'S MAIDEN N				
Earl Sta	nley Wells			Barbara Pe	arl Shockle	у		
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? ((If yes give wor or dotes of serv	16. SOCIAL SECURITY N		DRMANT		Address		
No	(1) As 2 d As wat or dotes or sets	ite	Mr J. 1	. Earl 5.	Wells (Fath	er)	1 1	
IB (AUSE OF E	EATH (Enter only one cause pe	r ne far (a), (b) and (c).)		<del>/ State St</del>	reet, Sharp	cown, Ma		
PART I. DE/	ATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	Asphyxia					ONSET AND DEATH	
10								
Conditions, if any, which gove ) (b) Aspiration of vomitus							sudden	
	nse to immediate couse (a), stating the underlying cause DUE TO							
last.	(c)							
PART I OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELATED TO THE	TERM NAL DISEASE CON	DITION GIVEN IN PART 1(c	2)	19 WAS AUTOPSY	
200 EXTERNAL ( PRIMARY XX or () CAUSE OF DEATH							PERFORMED? YES NO	
≅ 20a EXTERNAL ( ≥ PRIMARY IXI or CO					Part or Part II of item 18	)		
		SUDDE	IN DEATH	IN INFANC	Υ.			
Haus a	JURY Month, Day, Year	20d INJURY OCCURRED While Not While		OF INJURY (Hame, farm, , street, affice bldg., etc.)	' '	,	1,	
A.M.	m 7-29-617	While Not While at wark to twork	WO K	n home	Sharptown	ı, Wicom	ico, Md.	
21. I certi	fy that I took charge af	the remains described	abave Keld	an Autapsy 🗓,	Inspection X,	Inquiry [X],	and in my ap n'on	
death resu	Ited from: Natural ca	uses , Accident	Suicide	Homicide		d manner 🗌		
ACTUAL	// /	/)		CHIEF MEDICAL			65 BATE CICHES	
SIGNATURE	/ m ( - )	1			CAL EXAMINER 🔲		22. DATE SIGNED	
EXAMINER'S NAME (Type)	Earl L. Royer			Ve. DEPUTY MEDICA	City, fown, or county)	Ju	11y 31 /1967	
230 BURIAL, CREMAT	ON 23b DATE THEREOF		CEMETERY OR CRE	MATORY	23d. LOCATION (City of	or Town) (	(County) (State)	
Bur 1 a l	August 1,	1967 Parson	s Cemete	ry	Salisbur	y, Marvi	and	
24. FUNERAL DIRECT	OR	ADDRESS			BY REGISTRAR 2SE	REGISTRAR S SI	GNATURE	
HOLLOWA	Y & COMPANY, S	ALISBURY, MA	AKYLAND	DATEAU	G 1 1967	fillare	By Juage	

VR A15ME (5)

TO DIPUTY



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH [2. USUAL RESIDENCE [Where decessed I vec	
	, If institution: Residence before admission)
47 WICOMICO	DUNTY
MARYLAND	Wicomico .
b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)  Adm. 1 n   d	ALLIA KOKWE ALIG B AA MOGJAJI IOWII)
Salisbury 6/20/67 Pittsville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	. IS RESIDENCE
Beningula Coneral Hospital	ON A FARM?
Peninsula General Hospital R.D.#1	onth Dev Year
DECEASED	
(1	JLY 11 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In y.	HE IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED May 24, 1917 50 yr	Trouble out the tree of the tr
TOB. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & State, or foreign county	
dene during most of working lite, even if ratinal)	
Poultry Inspector Pittsville, Maryland	USA
13. FATHER'S NAME	
George William Wells Cora Ellen McCabe	
	ress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  (Yea, no, or unknown) (Ifyeegive war or dates of service) 215-07-3922 Mrs. Laura C. Wells (Wifeel) 215-07-292 Mrs. Laura C. Wells (Wifeel	
K. II. # I. PITESVIIIE MICHAEL	and Interval between
18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), end (c) ] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY Conscionation Production	4 months
/ 3 / > DUE TO	
Conditions, if any, which ? (b) adenter women Stomach	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
causa lest. (c)	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  200. ACCIDENT WAS UNDERLYING   200. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18 ) OR CONTRIBUTING   CAUSE OF DEATH   200. DESCR BE HOW INJURY OCCURED.	YES NO
20a, ACCIDENT WAS UNDERLYING 1 20b, DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18	4.0
OR CONTRIBUTING CAUSE OF DEATH (I) OF EITHER, NOTIFY MEDICAL EXAMINER)	
N/A	(State)
20c. TIME OF INJURY Month Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. [City or town]  Hour e.m.   While   Not While   fectory, street, office bidg., etc.]	(County) (State)
p.m. 19 of work of	
21. I certify that (I) (this hospital) attended the deceased from MARCA 25., 19 67 to Julian	12 19.6.7 that (1) (we) last
saw the deceased alive on	
22a. SIGNATUREA	22b. DATE
ATTENDING MED. STAFF	SIGNED
M.D PHYS. DIRECTOR PHYS.	July /2 / 1967_
22c. Physician's NAME (Type) Dr. William B. Long Medical Center, Sal	sbury, Maryland
	sbury, Maryland
230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d 10CATION (CIT)	, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City REMOVAL [Specify]	
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (CIT)	, Maryland

death. Page 4 in the relained by the hospital or effecting physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled in the prior to burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled by the sittle be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S

15M 7

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 er 30.

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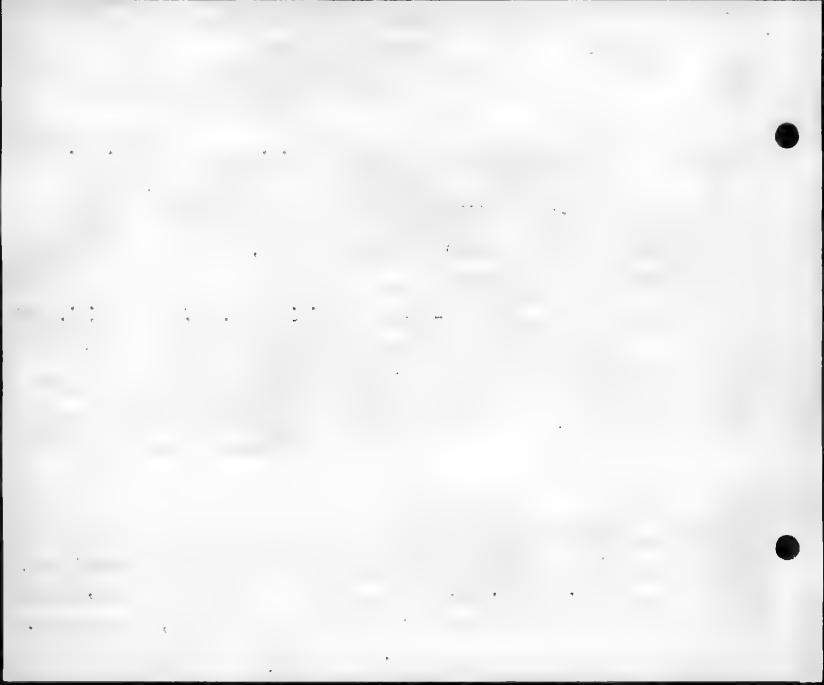
ours after deoth.

TOSOT	CEKTIFICATE	OF DEATH	J. J. L. Lie
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased In	ived, if institut on Residence before admission)
· COLNTY Wicomico	MARYLAND	° STATE Maryland	b COUNTY Wicomico
b CITY OR TOWN (If outside corporate	limits, c LENGTH OF STAY IN 16		mits, write RURAL and give nearest town)
Salisbury	,	Salisbury	,
d NAME OF HOSPITAL OR NSTITUTION		d STREET ADDRESS	e IS RESIDENCE ON A FARM?
Peninsula Gen	eral Hospital	R.D.#I Kive	erside Dr. Extus No
3. NAME OF DECEASED T. T.	First Middle	Lost 4. DATE OF	Month Doy Year
(Type or print)	EVI PARSON	EU H 17 E DEATH	JULY 27 1967
S SEX 6 COLOR OR RACI	The state of the s		F (In years AF UNDER 1 YEAR IF UNDER 24 HRS prihdoy) Months Days Hours Min
malE White		THE TOTAL P	4 Act 0 8
100 USUA. OCCUPATION (Give kind of work a during most of working life, even if retired)	INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign	COUNTRY?
Farmer	Farming (Retired	3) Siloam, Maryla	nd USA
13 FATHER S NAME	I That to	The three trials and the trials are	220000
XXXXXXXX Joseph	White  RESS   16 SOCIAL SECURITY NO   17	Williana Seab	
15 WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give wor or di	otes of service)	Wrs.I.Estelle Wh Riverside Dr.Ext	ite(Wife)R.D.#1 Salisbury.Md.21801
No		Riverside Dr.Ext	Salisbiry, Md. 21801
PART I DEATH WAS CAUSED BY	e couse per lyre for (a), (b), and (c).)	tri (P+In)	ONSET AND DEATH
IMMEDIATE C	DUE TO	The same of the sa	C C
Conditions, if ony, which gove	(b) Prostation	'	yes
rise to immediate cause (a), stating the underlying cause	DUE TO		61
lost	(1) fürkensen	com	- Jus
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	the terminal disease condition given in	PART 1(0) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING IN OR CONTRIBUTION OF CAUSE OF DEATH	knutretion of or	Contlon	YEZ ☐ NO 🔀
200 ACCIDENT WAS UNDERLYING CONTRIBUTING COAUSE OF DEATH		(Enter nature of injury in Part I or Part II o	of item 18)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c TIME OF INJURY Month, Doy, Ye		CE OF INJURY (Home, form, 20f. (Ci	ty or town) (County) (State)
p.m.	19 of work of work		7 7
	haspital) attended the deceased fram_	19 66, to_	Thot (1) (we) last rom lauses and an the date stated above.
sow the deceased alive a	n 1967, and the	deorn occurred dizaves A.m., ii	22b DATE SIGNED
220 3/0/0/10/10	and Lore della MI	D. PHYS. MED DIRECTOR D	STAFF PHYS. D July JA /1967
22c PHYSICIAN S		22d. ADDRESS	1113 = 10 × 13 // 13 01
NAME (TypeDr. Butu	s S.Garnner	Medical Center	Salisbury Maryland
	TE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATE	ON (City or Town) (County) (State)
REMENTING July	30/1967 Siloam Ce	metery Sil	oam, Maryland (Wico Co
24 FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR	oam, Mary Land (W100 Co
HOLLOWAY & COMP.	ANY SALISBURY, MARY	LAND DATEJUL 3 1 18	

SALISBURY, MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ■xec∎te≣ within 21 hours after Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbor papers. Pages should be filed with the State Dept. of Health pr or to burial, cremation, or removal, and in any event, within 20 hours of

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10302 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY p. COUNTY Mary land Wicomico Wicomico MARYLAND Adm. 19 1d b CITY OR TOWN (If autside corporate im ts. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt. #5, Quantico Road Peninsula General Hospital YES NO F NAME OF Middle DATE Last DECEASED (Type or print) VERNON LEROY DEATH 9 AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED **NEVER MARRIED** (SLoirthday) Months Hours November 19,1902 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Grocery Store Siloam, Maryland Grocer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Sallie Bounds Purnell D. White NFORMANT Mrs. Lillian White (Wife) Rt.#5, Quantico Road, Salisbury, Maryland 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((if yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 218-12-1076 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Manth, Dov. Year (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased from 19 6 Ahot (1) (we) lost Pand that death accurred of 2000M, from couses and on the date stated above. saw the deceased dive on\_ 22n SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) . Kent Carney Medical Center, Salisbury, Maryland 230 BURIAL, (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Salisbury, Maryland July 20,1967 Wicomico Memorial Park

250. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Misseles

TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the Pag≡ 4 may VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

the death mrtificate be executed within 24 llours after diath.

requires thot

by the hospital or attending pllysician.

be retoined

funerol 1 and ours after death

completely filled in tove corbon papers.

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puo

physician o

offending phys

signed by the attending physi buriol-transit permit. Then pl burior, cremotion, or removol,

hos been se as the let the prior to be

this certificate hose detached for use of

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Stote Dept

event,

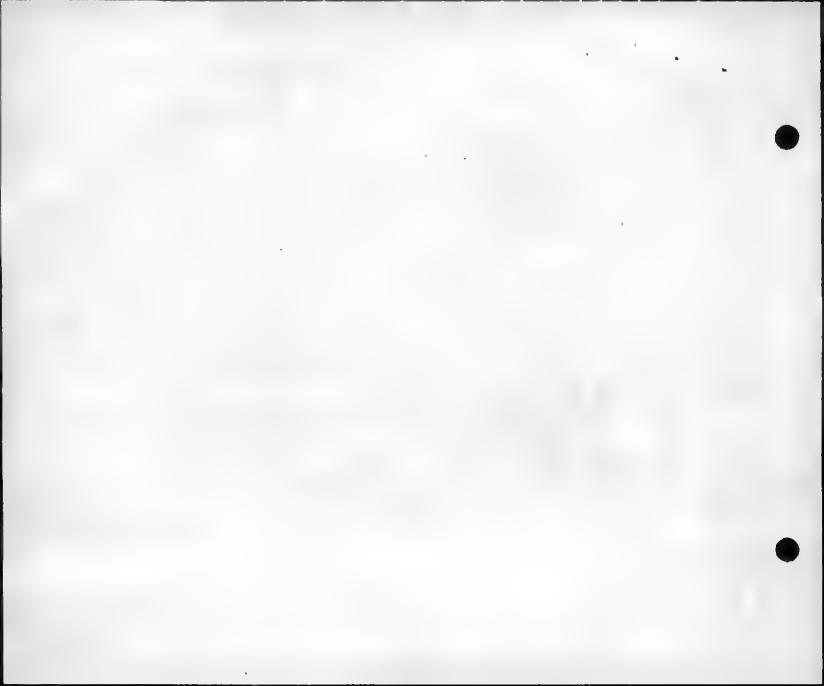
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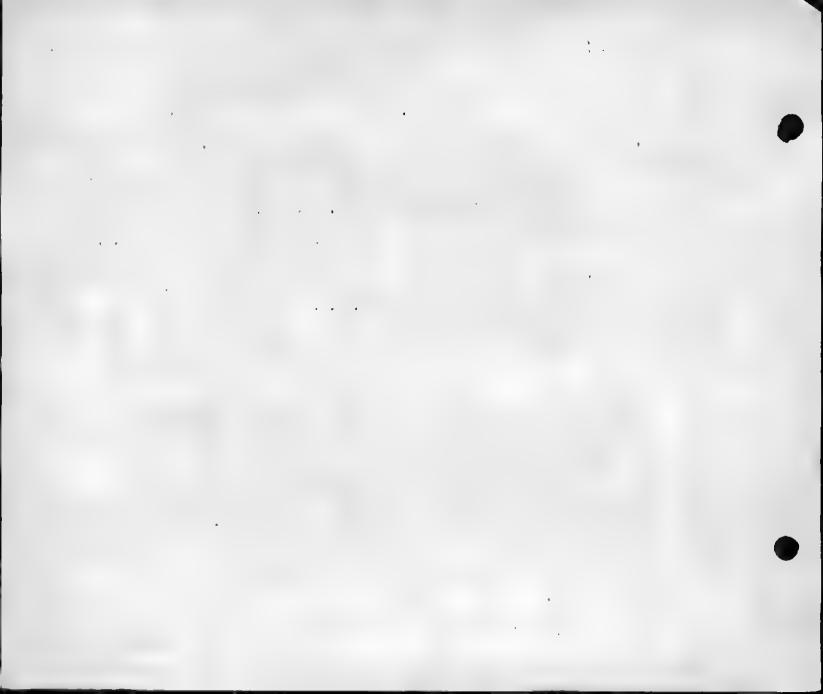
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a COUNTY **b.** COUNTY Wicomico MARYLAND by the f b CITY OR TOWN (If outside corporate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-and give pearest town) 70 n d NAME OF HOSPITA. OR INSTITUTION (If not in hosp to, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Peninsula General Hospital YES NO 3 NAME OF Middle 4 DATE Month Last Doy DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In veors FENDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days HOUES ColoRe WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. RIRTHPLACE (County & State, or foreign country) به ح during most of working are, even if retired) IND., STRY COUNTRY? physician nen pleake Puo 13. FATHER'S MAME 14. MOTHER cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN permit. (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c) INTERVAL BETWEEN the signed by the buriof-transit p burial, cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse os the prior to b lost. hos WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) be detoched for use State Dept. of Health NO IO FUNERAL DIRECTOR: After this certificate 20g ACC DENT WAS UNDERLYING [3] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (State) (County) Hour a.m. foctory, street, office bldg., etc.) While Not While ot work ot work 19 67, that (I) (we) last 21. I certify that (1) (this haspital) ottended the deceased from well 18 196 and that death occurred at 432M, from couses and on the date stated above. saw the deceased olive on... 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR PHYS director, page Should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23b. DATE-THEREON 23c NAME OF CEMETERY OR CREMATORY (County) (State) BAC DIRECTOR VR A15 (4) 20 M 1/66

requires that the deoth certificate be executed within 24 hours offer death. by the hospital or ottending physicion. ATTENDING PHYSICIAN: be retained Page 4 may



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	16304	WE	DICA	L EXAMINER	25	CERTIFICA	IE OF	DEATH		eg, Dist. No		是可以
1.	LACE OF DEATH	li comico		MARYLAN		2. USUAL RESIDENCE (		sed lived. If In		Residence bel	じごろっ	ission)
-	. CITY OR TOWN (If ov		RURAL	c. LENGTH OF STAY IN T	-	c. CITY OR TOWN (II		porote limits, w	ite RUR.			wn}
	end give recrest town) Sali	sbury		2 hrs.		_	comoke					
	NAME OF HOSPITAL	pital, give street address)		d. STREET ADDRESS		102				ESIDENCE		
	Peninsul	tal		Beth Eden	Curch	Rd.				A FARM?		
	NAME OF DECEASED	fin	pl .	Middle		Lost	4. DATE	M	onth	Day	)	ear
	(Type or print)	BLAN		RING	* *	IDDOWSON .	DEATH	Ju	ly	12	, 1	967
5, 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH	705	9. AGE (in years last birthday)	-	NDER TYEAR		ER 24 HRS.
	Temale	White	WIDOWED	3D		Sept. 19, 1/	9037	64 v	ni. Mo	nths Days	Hours	Min,
10a	. USUAL OCCUPATION luring most of working !	(Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR INDI	USTR	Y 11. BIRTHPLACE (Slote	or foreign	pountry)	1	2. CITIZEN O	F WHAT	COUNTRY
	House wife	•	0	wn home		Virgi	nia			U.S.	A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	MAME					
		M. Ring					lie Co	oley				
15. (Yes		IN U. S. ARMED FOI		SOCIAL SECURITY NO. 17	, IINI	FORMANT		Addr				
	NO				Mr	s. E.R. glad	dding		See	2		
	18. CAUSE OF DEATH	WAS CAUSED BY:								ONSE	YAL BETW T AND DE	EEN ATH
	IM	IMEDIATE CAUSE (0)	Ce	rebral hemo:	rr	hage, traum	natic			2	hou	rs
		DUE TO										
	Conditions, if ony,	te couse (										
	(0), stoling the uni											
z		(c). SIGNIFICANT CON		NTRIBUTING TO DEATH BU	IT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION	GIVEN II	N PART I(n) 1	P WAS	ALITOPSY
ATION			***					2 00110111011	D. 1 E. C.			NO
CERTIFICAT	200. EXTERNAL CAUSE	WAS 20	b. DESCRIBE	HOW INJURY OCCURRED	. (En	ter noture of injury in Por	1 I or Port II	of item 18,1			- (M)	
CER	PRIMARY TO OF CONTI	RIBUTING []		l from ladd		, ,						
S	20c. TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED 20e. F	LACI	E OF INJURY (Home, form	n. 20f. (City	y or town)		(County)		(State)
MEDI	Hour o.m.	7-12 19	OT of wor	Not while A		y, street, office bldg., etc. Own nome		moke	Wor	custa	•	Md
_				emains described a						nquiry 🔀		
	death resulted fr					ide . Homicide		ndetermined	_		, which	
		80.	1	/			, LL, ,		. 2003	~ <u>L</u> .		
	ACTUAL SIGNATURE	and -	me			CHIEF MEDICAL EX	(AMINER [				DATE :	HGNED
	7		$\wedge$			ASSISTANT MEDIC	AL EXAMINE	R 🗆 🥒		2		()
	EXAMINER'S NAME (Type)	Earl L. R	oyer			DEPUTY MEDICAL	EXAMINER [	3		/	-/3-	
220	BUR.AL, CREMATION,	22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR C	REMATORY	22d. LOCA	TION (City, low	n, or co	unly)	(Stat	e)
	BURLLAL	7/15/19	67	Spring Hill	Мe	mory Garden		ron, Ma				
23.	FUNERAL DIRECTOR'S	SIGNATURE	4	ADDRESS		240 REC"	D BY REGIST	RAR 345 RE	GISTRA	S SIGNATUR	Yeld	ge,
	Moun	C'Kell	7	alisom	41	MATE J	OFT	7 1201	1		0	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 10305 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Wicomico Wicomico Marvland MARYLAND oon papers Pages I within 72 haurs after c CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) b CTY OR TOWN (foutside corporate limits, c LENGTH OF STAY IN b Salisbury, Ma. Salisbury e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 507 Liberty Street Peninsula General Hospital → NO 🔀 NAME OF M ddle 4. DATE Doy DECEASED OF DEATH WILLIAM (Type or print) IF UNDER 1 YEAR IF UNDER 24 HR 7 MARRIED B DATE OF BIRTH AGE (In years 6 LOLOR OR RACE NEVER MARRIED last b rinday) Months Doys Hours Aug. 8/1883 DIVORCED 18 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired)
Retired Railroad INDUSTRY Wicomico Co., Maryland Employe Breakman 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, Orlando Wilkinson Alice Truitt Mrs. Inez L. Wilkinson (Wife) 507 Street-Salisbury, Maryland 21 (Yes, no, or Jaknowa) (If yes give wor or dates of service) IS WAS DECEASED EVER NUS ARMED FORCES? 36 SOCIAL SECURITY NO INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse detached for use as the re Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO 20g ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc. at work 2]. I certify that (!) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at ATP. M, fram causes and an the date stated above 225 DATE SIGNED 220 SIGNATURE DIRECTOR M.D. PHYS. 22c PHYSICIAN'S director, po should be f NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 967 pringhill Memory Gardens Salisbury, Maryland ADDRESS 24. FUNERAL DIRECTOR SALISBURY, MARYLAND

The law requires that the death certificate be executed within 24 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the hospital or

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0 VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR:



MARYLAND STATE DEPARTMENT OF HEALTH

1		Division of STATISTICAL	L RESEARCH AND RECORDS, 301	W. PRESTON STREET, BAL	TIMORE, MARYLAND 2	1201
		10306	CERTIFICATE	OF DEATH		10306
funerok i and 2 er deoth.		PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Where dece	b. COUNTY	dence before odmission)
Pages		CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Salisbury	c. LENGTH OF STAY IN 16	C CITY OR TOWN (   Justide corpor	rate emits, write RURAL and g	give necrest town)
filled in by the fur papers. Pages I hin 72 hours after		H NAME OF HOSPITAL OR INSTITUTION (If not in the Peninsula General		d. STREET ADDRESS 504 Bart	St.	e. IS RESIDENCE ON A FARM? YES NO
_ +		NAME OF DECEASED (Type or print)	Middle Wi	Lost 4 DATE OF DEAT	H JULY	Dαγ Year // 19 6 7
physicion and completely en pleose remaye corbon ovol, and indany evect, wi	F	EMALE NEGRO W	IDOWED DIVORCED	DATE OF BIRTH	lost birthdoy) Months	
leose re	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or		COUNTRY?
g physi Then pl movol,		FATHERS NAME Unknown		Sadie Ja	cylor	
e attending permit. Th	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) [If yes give wor or dates at serv		REPORMENT William	504 Bates	the Si
signed by the attending phys buriol-tronsit permit. Then p buriot, cremotion, or removal,		18 CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	I line for (a), (b), and (c))	.1	1	INTERVAL BETWEEN OUSET AND DEATH
signed by the buriol-tronsit burior, cremo		Conditions, if ony, which gove (b) (b)	Moonie degene	ectaercraf	discuse	yes.
been s the for to		stating the underlying cause (c)	/			19 WAS AUTOPSY
certificate has been hed far use as the it. of Heaith prior to	CERTIFICATION	PARY II OTHER SIGNIFICANT CONDITIONS CONTRI				PERFORMED?  YES NO
T P TO	AL CERTIF	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	, , ,		
ler this certi e detoched tote Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While of work of work	E OF INJURY (Hame, form, ory, street, office bldg , etc.)	(City or town) (	County) (Stote)
TO FUNERAL DIRECTOR: After this cel director, page 3 should be detoche should be filed with the Stote Dept.		21 I certify that (1) (this hospital saw the deceased glive on 220, SIGNATURE	ottended the deceased from	degth occurred at 3 4	M, from causes and on	that (I) (we) last the dote stated above
DIRECT ge 3 st lled wit		220. SHOTHALLIKE  210. PHYS.CIAN'S	MUSS M.C	D. PHYS MED DIRECTOR	STAFF -	1/4/67
NERAL tor, pould be fa	120	BURIAL CREMATION 23b. DATE THEREOF	23c NAME OF CEMETERY OR (		LOCATION (City or Town)	(County) (State)
direct short	230	REMOVAL (Specify) 27-15-6	67 Jaylor, Sta	ite d	now Hell - 7	wie mi

Poge 4 may be retained by the hospital or attending physician.

24 FUNERAL DIRECTOR

TE BOSPIJAL OR ATTENDING FOVEICEME: The law requires that the Jeath certificate be exercise, within 24 hours after death

VR A1II (4). 20 M 1/66

ADDRESS

25a

REC'D BY REGISTRAR

1967

2Sb

REGISTRAR'S SIGNATURE



**DIVISION OF STA** 

TO HOSPITAL

ATTENDING PHYSICIAM: The law requires that the ideath certificate be executed to hours-after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and Estimate be filled with the State Dept. of Health prior to burial, cremation, or removal, and in persevent, within 72 hours after death.

VR A15 (4) 1SM 7-62

MARYLAND	STATE DEPA	RTMENT O	F HEALTH	>
ATISTICAL RESEARCH AN	D RECORDS, 3	01 W. PRESTO	N STREET, BALTIMO	RE 1, MARYLAND
CER	TIFICATE	OF DEATH	1	5.25

		10307	CERTIFICA	TE OF DEAT	Н	0.0308
	8	PLACE OF DEATH  COUNTY  WI COMI CO  CITY OR TOWN (if outside corporate limits,	MARYLAND LINGTH OF STAY IN IL Adm. In I	e. STATE Mary 1	CE (Where deceased lived, If institution of the country of the corporate limits, write RUR/	Wicomico
		Şalisbury	7/7/67	Salisl	bury	Company of the contract of the
	d	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	4 . 4	d STREET ADDRESS	Townson	o. IS RESIDENCE ON A FARM?
	= :	Peninsula General H			ocust Terrace	YES NO
	1	NAME OF First DECRASED (Type or print) LOTTIE	BEATRICE	WIMBROW	4. DATE Month OF DEATH JULY	13 1967
	5. 3	Fomale Maito		B. DATE OF BIRTH July 30, 1899	9 AGE (In years IF UN lest birthdey) Mon	
		(III)				2 CITIZEN OF WHAT COUNTRY?
1	H	e during most of working life, even if relired) OUSEWIFE		Wicomico C	ounty, Maryland	USA
		FATHER'S NAME		14. MOTHER'S MAIDEN		
		anford DeWitt Matthews		Maggie Guthr	ie	77
	{Y as	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, no, or unknown) (Ifyesgivewerordetesofservice) 218	1M '	. Averv G. W	imbrow (Husband) race, Salisbury,	Maryland
		18. CAUSE OF DEATH [Enter only one cause per line	tor (a), (b), and (c) ]	- n		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	100ardial	- nond	rion	
		DUETO	0	711		ъ.
		Conditions, if any, which are rise to immediate cause	ere coro	nary Art	teriosclerosi	
		(a), stelling the underlying DUE TO				
/	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
	PHC.		IBE HOW INJURY OCCURED	), (Enter nature of injury in I	Pert I or Pert II of item 18.)	
	EE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		JURY OCCURRED , 20e. PLA	ACE OF INJURY (Home, ferm tory, street, office bldg., etc.		(County) (Stete)
		21. I certify that (i) (this bearital), attende	d the deceased from.	Sept:	1958 to July 13	, 19.5.7, that (I) (wa) last
					BOA from the causes and	on the date stated above.
		220. SECHATURE	1/2	ATTENDING A	MED. STAFF	July 14/1967 DATE
		22c. PHYSICIAN'S	4-72- "	D PHYS. D	Salisbury, Mar	
1		NAME (Type) Dr. Thomas C. Hi	11,		ury Blvd. & Pine	
		. BJRIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (Stelle)
	_	Burial   July 15, 1967	Wicomico Memo	1	Salisbury, Mary	
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC	O BY MIGHTRAIGHTE. REGISTR	WARE THE MATURE
	l	HOLLOWAY & COMPANY, SALIS	BURY, MARYLANI	D DATE		



## FOR STATE 10303

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	$\cap$	2,0	9.9	- 1	
		t:		2.0	

IEALTH DEPT.	PLACE OF DEATH		Where deceased lived, if institution: Reside	
at at a si	Wicomico	MARYLAND O. STATE Del	aware b COUNTY Sus	ssex
deley and 3 M3 Page	b CITY OR TOWN (It outside corporate limits. 1 c LENGTH OF	STAY IN 16 C CITY OR TOWN (IF ou	itside corporate limits, write RURAL and giv	ve neorest town)
5 5 W 1	write RURAL and give nearest town) Salisbury	Gura	boro) MILLSBOA	20
, 2, L	d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street addre	d STREET ADDRESS	,	e IS RES DENCE ON A FARM?
after death If delay 8. Give Pages 1, 2, and 3 along with farm (M3, Pa with the State Department	Peninsula General Hospit	al K	URAL	YES NO X
ter death Give Pages ong with fai	3 NAME OF First Migi	e Lost	4 DATE Month	Doy Year
de de de	(Type or print)  LIDA N.	WOOTTEN	OF DEATH 7-17-6	
The second of th	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER N		9 AGE (In years F JNDER last buthday) Months	R 1 YEAR FUNDER 24 HRS Doys Hours Min
		12/18/188	6 80 yrs	
heurs Hem 18 Office 1 and 2	100 US_AL OCCUPATION (Give kind of work done during most of working kie, aven if retired) 10b K ND OF BUSINESS INDUSTRY			UTIZEN OF WHAT
24   24   1   1   1   1   1   1   1   1   1	House Wile	Delawar		U.S.A.
nin icil inel inel inel	13 FATHER'S NAME	14. MOTHER'S MAIDEN		
I within 2 in pencil ii Examiner Fi e page: 2 hours af	Zadoc M. Smith		izabeth Smith	
ed in E	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17 INFORMANT	Address	
ixecuted nding" ir Medical permit. within 72	(Yes, no, or unknown) (If yes give wor or dotes of service) 221-32-3	122 Marian Smit	h Bethel, De	laware
should be Executed within 24 hillings hilling the ward "pending" in pendil in Item 1 to the Chief Mildical Examiner's Office burial-transit permit. File pages 1 and 2 n any event within 72 hours after deat	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c	)		ONSET AND DEATH
should be are ward "per to the Chief is burial-transit	MMEDIATE (AUSE (o) ACTION DE	lmonary edema		nours
ward ward the C	DUE TO	2 *		1
sho a ## a ##	rise to immed ote couse [0]	occlusion		hours
0 2	stoting the underlying cause			
iting iting arder d as	lost.   (c)	OT DELATED TO THE TEDANSIAN DISEASE CO.	ADITION COVER IN DARK ION	19 WAS AUTOPSY
ute the certificate, writing the ward ge 4 should be farwarded to the (yaur files, Yaur files, Page 3 shauld be used as a burial-ti	S LAKE IL OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BOLL	OF KECATED TO THE TERMINAL DISEASE CO.	NUTTION GIVEN IN PART (G)	PERF JRMED?
This cate, but for temore removed.	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN	URY OCCURRED (Enter noture of injury in	Port Lor Port II of Item 18 )	AEZ NO X
	200 EXTERNAL CAUSE WAS PR MARY Or CONFRIBUTING COLUMN CAUSE OF DEATH  200 T ME OF INJURY Month, Doy, Year Hour o m.  200 INJURY OCCURRED While Not While	DK) OCCURED (CITEL HOLDING OF BIRDLY III	, off to the total total total to the	
NER NER Hou Hou iles sho sho on,	20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURREN	20e. PLACE OF ANJURY (Home, form	n, 20f. (City or town, ,Ci	ounty) (Stote)
the 4 s and 1 moth	Hour om. 19 While Not While of work of work	foctory, street, office bldg , etc.		
tute age age r ya	21. I certify that Laok charge of the remains describ	ed above held an Autonsy	Inspection A, Inquiry A,	and in my opinior
AL Exercise TOR Incl.	death resulted from. Natural spuses . Acc den	, , <u> </u>		
sse ecto inec REC	11-11-	CHIEF MEDICAL		
ITY MEDICAL  Ty, please exe eral directar P be retained fa RAL DIRECTOR prior to burial.	ACTUAL SIGNATURE	M D ASSISTANT MED	DICAL EXAM NER	22. DATE SIGNED
RAIL Price	EXAMINER'S Barl L. Roy my A.D.			y 18, 1967
CESSORY, e funera may be FUNERAL ca'th pric	NAME (Type) 109 Camden Ave. Salisbi	EL V. a NU. a.	l, city, fown or county)	
o EFPLYY Incessary, planet function of Function of Function Health prior	230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME (	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
<u> </u>		sboroCemetery	Millsboro, Su	
VR A15ME (5)	24 FUNERA DIRECTOR ADDRE	DATE DATE		was Oudas
6M 1/67	Carrecom 27 Chean Companie Con	DATE	APP A D HAMI NOOM	THE BUT VALUE OF



24 hours af

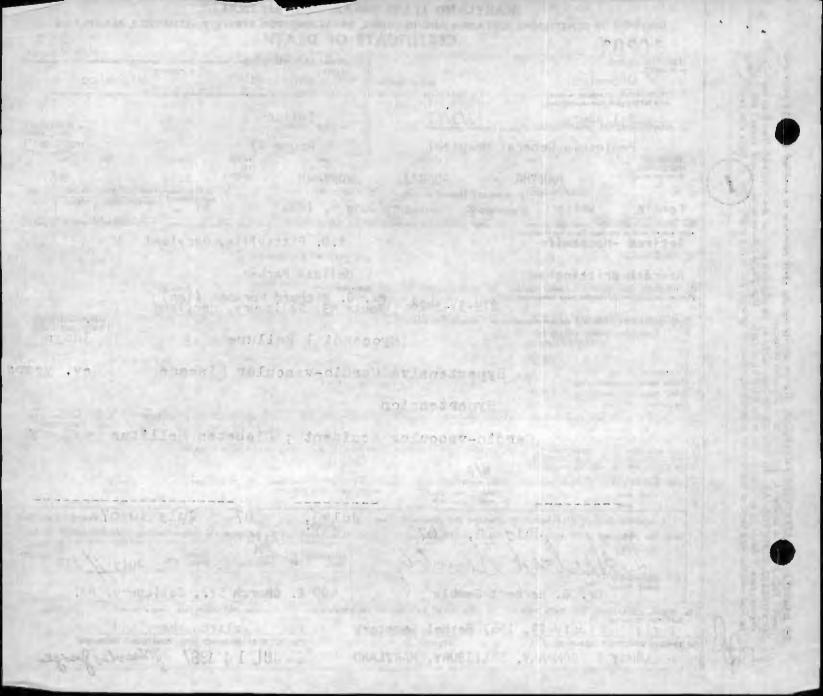
TO HOSPITAL.
ALTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 are retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: Aller this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 79 hours after death.

VR

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1030	Ģ		CERTIFICA	TE OF DEAT	H	10310
	PLACE OF DEATH	1			2. USUAL RESIDEN	ICE (Where decessed lived, If instit	ution: Residence before edmission)
		omico		MARYLAND	a. STATE Mary1	and b. COUNTY	Wicomico
	<ul> <li>CITY OR TOWN (</li> <li>write RURAL and</li> </ul>	if outside corporate limits,		Adm. in Id	e. CITY OR TOWN	(If outside corporete limits, write RUI	RAL and give neerast town)
		isbury		7/3/67	Salis	hurv	234
	d. NAME OF HOSPI	TAL OR INSTITUTION (if it	of in hosp		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	Pen	insula Gener	al Ho	spital	Route	#3	YES NO
3.	NAME OF	First		Middle	Lest	4. DATE Month	Dey Year
	DECEASED (Type or print)	MARTHA		ABAGAIL	WORKMAN	DEATH July	10 1967
5.	SEX		AA A DDIED		8. DATE OF BIRTH	19. AGE fin years HE U	
	Female	White	VIDOWED	DIVORCED .	June 4, 1886		onths Days Hours Min.
100	. USUAL OCCUPAT	ION (Give kind of work orking life, even if relired)	106. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cov	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired -				R.D. Pitt	sville, Maryland	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	INAME	
	Azaraah B	rittingham			Melissa Pa	arker	
	WAS DECEASED EV	ER IN U.S. ARMED FORCE		OCIAL SECURITY NO. 17.	INFORMANT	, Address	
{Y=	s, no, or unkown)   (I	fyes give war or detectof serv	210	9-34-3428 M	r. G. Richard	Workman (Son)	
-	18. CAUSE OF I	EATH (Enter only one ca	use per lis	ne for (e). (b), end (c).)	oute my, sain	isbuiy, nai yianu	I INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:			cardial Fa	4711110	ONSET AND DEATH
	1111 25	IMMEDIATE CAUSE (0)		MIA	cardial ta	TIME	Juays
	4721	DUE TO					
	Conditions, if any	[0]	Hyp	ertensive (	Cardio-vasc	ular Disease	Sev. year
	gava rise to immed (e), stating the u	> DUE TO					
	couse last.	) (c)_	Hy	mertension		45007740	
Z	PART II. OTHER	SIGNIFICANT CONDITION	NS CON	FRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
LY.		Ca	rdic	-vascular A	Accident :	Diabetes Mell	
CERTIFICATION		AS UNDERLYING   2		RIBE HOW INJURY OCCURE			***************************************
3		MEDICAL EXAMINER)	М	/A			
₹	20c. TIME OF INJU	JRY Month, Day, Year			ACE OF INJURY (Home, far	m, ' 20f. (City or fown)	(County) (State)
MEDICAL	Hour e.m.		While et work	Not While fa	ctory, street, office bldg., al		
	21. I certify I	hat (I) (this hospital	) attend	ed the deceased from	July3.	19.6.710 July	109.67 that (I) (we) last
	saw the defleas	sed give on Jul	v I	19.67 and tha	t death occurred at 1	2:15 from the causes and	on the date stated above.
	220. SIGNATURE		1	1 1	dedin occurred art,	MED. STAFF	22b. DATE
	271	SIAN BELA	-A	mulila	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	July // /1967
	22c. PHYSICIAN'S	TOO VO	X	7	22d, ADDRESS	had had	4-1.501
	NAME (Type)	Dr. G. Herb	ert :	Sembly /	400 E. (	Church St., Salis	bury. Md.
000	numeral CocataT	ION, 236. DATE THEREC		23c. NAME OF CEMETERY		23d. LOCATION (City, town o	
234	REMOVAL (Specify)						
	Burial		196/	Bethel Cemet	,	Walston, Mary	
24	FUNERAL DIRECTOR		CAL	ADDRESS		C'D BY REGISTRAR 25b. REGIST	-4 -
	HOLLOWAY	& CUMPANY,	SAL	ISBURY, MARYL	AND DATE .	JUL 1 4 1967 40	leaves Judge

8



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10310	CERTIFICATE	OF DEATH	10307
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Resid	ence befare admission)
	Wicomico	MARYLAND	Maryland W	orcester
1	<ul> <li>b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)</li> </ul>	C. LENGTH DE STAY IN 16	c. CITY DR TDWN (If autside carparate limits, write RURAL and g	ive nearest tawn)
	Salisbury	11 days	Pocomoke City	23-2
(	d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Peninsula Genera		505 Clarke Avenue	YES NO K
	NAME OF DECEASED (Type or print) Besset	Middle Wi	Lost 4. DATE Manth OF DEATH LLL	Day Year / 5 19 6 2
-		THE STATE OF THE S	Mar high day   Manale	R 1 YEAR   IF UNDER 24 HRS. Days Hours Min.
]	Female   White	WIDOWED DIVORCED [	rep. 17, 1007 OC yrs.	Days Hours Mill.
dwi H	n. USUAL OCCUPATION (Give kind of work done ring most of working life, even if refired) OUSEWLIE	10b. KIND OF BUSINESS OR INDUSTRY	Maryland County,	CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Samuel Carey		Annie Ewell	
IS. IYe	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war ar dates of s	16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
,	No	220-01-9562 S	anders Willing, Pocomoke	City, Md.
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	(DADOLIA DOL	Describe Hotal Descrit	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o		The state of the s	Chreston
	Conditions, if any, which gave ) (h			
	rise to immediate cause (a), Stating the underlying cause			
	last. (c			
MOLL	PART II. OTHER SIGNIFICANT CONDITIONS COM	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20g, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1 or Part II of item 18.)	
MEDICAL	20c. TIME DF INJURY Manth, Doy, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, farm, 20f. (City or town) (City, street, affice bldg., etc.)	ounty) (State)
	21. I certify that (I) (this haspi	tal) attended the deceased from	101,1901, to 1-16,19	151, that (1) (we) la
	saw the deceased alive on	7-18 19-7, and the	it death accurred atM, fram causes and an	
	22a SIGNATURE	3 A U 5	ATTENDING MED. STAFF 22b.	DATE SIGNED
	William Die	sele T MI ) MI	D. PHYS. DIRECTOR L PHYS. L	-10-67
	22c. PHYSICIAN'S NAME (Type) Wilbur	R. Ellis, Jr., M	D Salisbury, Maryland	
23a	1. BURIAL (REMATION, 23b. DATE THERE REMOVAL (Specify) 7-20-1			(Caunty) (State) Wor. Md.
	FUNERAL DIRECTOR	ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S	
1	Sobert H. Watson	Pocomoke City	10071 - 1	
	Robert H. Watson			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hages after deat Page 4 may be retained by the haspital or attending physician. VR A15 (4). 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

